

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: Respondent	
Court Visitor (Name):	▲ COURT USE ONLY ▲ Case Number: Division Courtroom
COURT VISITOR'S REPORT <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> COMBINED	

Instruction to court visitor: Please complete every applicable section of this form. If a section is not applicable, please enter N/A.

I, _____ (name), submit the following report concerning the investigation that I conducted as the court-appointed visitor in this guardianship pursuant to § 15-14-305, C.R.S. conservatorship pursuant to § 15-14-406, C.R.S.

Summary:	Yes	No
A. A lawyer should be appointed to represent the respondent. Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
B. A guardian ad litem should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. A professional evaluator should be appointed to examine the respondent and prepare an evaluation. Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. I believe the proposed guardianship, including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable. Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
E. The nominated guardian should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>
F. I believe the proposed conservatorship, including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable. Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
G. The nominated conservator should be appointed for the respondent.	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

H. The respondent needs an interpreter.
If yes, for what language? _____

List any interested persons involved who may need an interpreter, and for what language:

I. Significant concern(s):

I. Observations:

A. The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:

B. The financial functions that the respondent can or cannot effectively manage are as follows:

II. Interview of Respondent:

I interviewed the respondent, in person, on _____ (date) at _____ (location). I provided the Notice of Rights to Respondent (JDF 797) and, to the extent the respondent was able to understand, explained the rights contained therein.

A. Other persons present at the interview:

B. Respondent's physical appearance:

C. Respondent was oriented to time and place Yes No

D. After I explained the substance of the petition, the nature, purpose, and effect of the proceeding, and the general powers and duties of a guardian, conservator, or both, as appropriate to this case, I asked the following questions and the respondent answered as follows:

1. Do you understand what I've explained to you? Yes No Did not respond
If **No**, please explain or comment. _____

2. Do you understand the Notice of Rights to Respondent (JDF 797)? Yes No Did not respond
respond
3. Do you have a lawyer? Yes No Did not respond
If **Yes**, please provide name: _____
4. Do you want a lawyer to be appointed for you? Yes No Did not respond
If **Yes**, please explain: _____

5. Do you have a doctor? Yes No Did not respond
If **Yes**, please provide name: _____
6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings? Yes No Did not respond
7. Who are the family members or other people who are the most helpful to you?

Guardianship Only

1. Do you need any help with your daily living activities or daily functions? Yes No Did not respond
If **Yes**, in what areas? _____

2. Do you know the proposed guardian? Yes No Did not respond
If **Yes**, who do you think the proposed guardian is? _____
If **No**, why not? _____
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).
3. Do you think that he or she should be appointed as your guardian? Yes No Did not respond
4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)
 Did not respond
 Responded as follows: _____

Conservatorship Only

1. Do you need any help with your finances? Yes No Did not respond
Identify specific areas (check writing, bill paying, etc.) _____

2. Do you know the proposed conservator? Yes No Did not respond
If **Yes**, who do you think the proposed conservator is?
If **No**, why not? _____-(If
respondent provides the wrong name of the proposed conservator, then inform them of the correct
proposed conservator).
3. Do you think that he or she should be appointed as
your conservator? Yes No Did not respond
4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)
 Did not respond
 Responded as follows: _____

III. Interview of Person Nominated as Guardian:

- A. Date and place of interview:

- B. Person seeking appointment was asked and responded as follows:
1. Name and address:

2. Relationship (including non-family) to respondent:

3. Occupation: _____
4. Why was this petition initiated?

5. Where has the respondent resided during the last 3months?

a. Who, if anyone, has been caring for the respondent during this period?

b. What type of care has been provided?

- None
- In-home care
- Assisted living
- Hospital or nursing home

c. What type of care will be provided if you are appointed as guardian?

- None
- In-home care
- Assisted living
- Hospital or nursing home

6. What changes in residence are contemplated?

- None
- Private home Other facility. Please provide name and address:

7. What are your qualifications to be guardian for respondent? _____

IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

B. Person seeking appointment was asked and responded as follows:

1. Name and address:

2. Relationship (including non-family) to respondent:

3. Occupation: _____

4. Why was this petition initiated?

5. Where has the respondent resided during the last 3months?

6. Who, if anyone, has been handling the respondent's financial affairs during this period?

7. Does the respondent owe you (conservator nominee) any money or property? Yes No
If Yes, please explain. _____

8. Do you (conservator nominee) owe the respondent any money or property? Yes No
If Yes, please explain. _____

9. What are your qualifications to be conservator for respondent? _____

V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:

A. Name of person: _____

B. Date and place of interview: _____

C. Petitioner was asked and responded as follows:

1. Occupation: _____

2. Have there been any significant changes since you filed the petition? Yes No

Comments: _____

VI. Interview of Other Interested Persons:

A. Name of person: _____ Relationship to respondent: _____

B. Date and place of interview: _____

C. Other person asked and responded as follows:

1. Address: _____

2. Occupation: _____

3. Should a guardian or conservator be appointed? Yes No

Comments: _____

Note: This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.

VII. Report on Condition of Respondent's Current Residence:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
 - 1. Lawn and landscaping: _____
 - 2. Exterior: _____
 - 3. Interior: _____
 - a. Utilities working Yes No Additional comments _____
 - b. Clean Yes No Additional comments _____
 - c. Fire hazards Yes No Additional comments _____
 - d. Appropriate accessibility Yes No Additional comments _____
 - e. Other issues or concerns (explain) _____

- E. I believe the respondent's current dwelling meets his or her needs. Yes No

VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:

- A. Date visited: ____/____/____
- B. Address: _____

- C. Type of dwelling: _____
- D. Condition:
 - 1. Lawn and landscaping: _____
 - 2. Exterior: _____
 - 3. Interior: _____
 - a. Utilities working Yes No Additional comments _____
 - b. Clean Yes No Additional comments _____
 - c. Fire hazards Yes No Additional comments _____
 - d. Appropriate accessibility Yes No Additional comments _____
 - e. Other issues or concerns (explain) _____

E. I believe the respondent's proposed dwelling meets his or her needs. Yes No

IX. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:

Please identify the sources of the information: _____

A. Physicians and psychiatrists: _____
Comments: _____

B. Psychologists and psychotherapists: _____
Comments: _____

C. Nurses and nurse aids: _____
Comments: _____

D. Other compensated health care providers: _____
Comments: _____

E. Family members, relatives, and friends: _____
Comments: _____

F. Others: _____
Comments: _____

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

Date: _____

Signature of Court Visitor

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____,
(date) (month) (year)

at _____
(city or other location, and state OR country)

(printed name)

(signature)