

User's Manual for Guardians in Colorado

This User's Manual for Guardians in Colorado is a collaborative effort of the staff of the State Court Administrator's Office, the Protective Proceedings Task Force and members of the Colorado Bar Association.

This manual is intended to assist the newly appointed Guardian, to identify your responsibilities and to introduce you to important Guardianship issues. This is not a comprehensive manual. It does not address every situation but was designed to highlight many of the common situations that one may need to address as a Guardian. You are expected to familiarize yourself with the provisions of the Colorado Uniform Guardianship and Protective Proceedings Act, §15-14-101, C.R.S. through §15-14-433, C.R.S. that relate to protective proceedings for minors and adults, the Colorado Rules of Probate Procedure and applicable case law. Changes in the law may have occurred since this manual was published. If you have questions on how to proceed, consult your attorney before acting. By obtaining an attorney's advice before you act, you may avoid more costly legal services later.

It is highly recommend that appropriate professionals be consulted. Even if you do not have an attorney, you are bound by the same rules and procedures as if you did. The cost for professional assistance may be assessed to the ward as long as the expense was incurred for the benefit of the ward.

This work is produced as a public service, and copies of these materials may be reprinted, with acknowledgment, without violation of applicable copyright laws. The User's Manual for Guardians is also available on the Colorado Judicial Branch website at

http://www.courts.state.co.us/Forms/Forms_List.cfm/Form_Type_ID/164

We would appreciate your feedback. If you have any comments or suggestions, or if you require additional information, please feel free to contact: sandra.franklin@judicial.state.co.us

Guardian's Manual

Table of Contents

1. Acknowledgment Form (This is also a good place to place any Orders you receive from the Court.)
2. Definitions
3. Information Regarding Your Appointment as a Guardian
4. Frequently Asked Questions
5. Resources
6. Blank Forms to get You Started
 - ◆ JDF 752 Notice of Change of Address
 - ◆ JDF 834 Guardian's Report - Minor
 - ◆ JDF 850 Guardian's Report - Adult
7. Pre-filing Report Checklist
8. Sample Forms Completed
9. Your Personal Section (This may be a great place for you to maintain financial documentation, receipts, etc.)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person _____	▲ COURT USE ONLY ▲ Case Number: _____ Division: _____ Courtroom: _____
ACKNOWLEDGMENT OF RESPONSIBILITIES <input type="checkbox"/> CONSERVATOR AND/OR <input type="checkbox"/> GUARDIAN	

I, _____ (name) acknowledge that I was appointed as the Conservator and/or Guardian for _____ (name of protected person) on _____ (date) and I understand that Letters will not be issued until this form is signed and provided to the Court. With this appointment, I agree to comply with the statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the Court and serving all Interested Persons as identified in the Order of Appointment.

General Information and Responsibilities

1. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. I understand that the Court or any Interested Persons as identified in the Order of Appointment may request copies at any time.
2. I am responsible for providing the Court with any changes with my mailing or email address within 30 days.
3. If funds must be placed in a restricted account, I understand that all withdrawals must be by court order.
 - The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the Court as documentation that the funds were deposited within 30 days or by _____ (date).
 - All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
4. I have received the following information to review regarding my responsibilities.
 - User's manual for Guardians
 - User's manual for Conservators
 - Viewed DVD/Video
 - Pamphlets
 - Attendance at mandatory training session on _____ (date).
 - Other: _____
5. I understand that the following reports and/or plans are due on _____ (date).
 - Initial Guardian's Report/Care Plan - Adult (JDF 850)
 - Conservator's Inventory with Financial Plan (JDF 882)
6. I understand that the following reports are due on _____ (date) and every year after on such day and month, unless I am notified by the Court.
 - Guardian's Report - Minor (JDF 834).
 - Guardian's Report - Adult (JDF 850).
 - Conservator's Report (JDF 885).

My signature below indicates that I have read and understand my responsibilities as a newly appointed Guardian and/or Conservator.

Date: _____

Guardian and/or Conservator

Definitions

Advance Directives:	Written instructions prepared by a mentally competent adult concerning medical decisions to be made on behalf of the person who has provided the instructions, allowing someone else to make treatment decisions on his or her behalf. Advance Directives include: Living Will, Medical Durable Power of Attorney, CPR Directive.
Best Interest:	Best interest is what is best for a Ward's well-being, taking into account his or her ascertainable wishes, individual needs and the least restrictive means to achieve care and protection.
Conservator:	A person at least 21 years of age who has been appointed by a court to manage the financial affairs of another person.
Guardian:	A person at least 21 years of age who has been appointed by a court to have the care and custody of an incapacitated person or a minor, or who has qualified pursuant to certain written instruments to have the care and custody of a minor.
Incapacitated Person:	An adult person who is unable to effectively receive or evaluate information or both or make or communicate decisions to such an extent that he or she lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.
Informed Consent:	An agreement to allow something to happen based on full disclosure of facts needed to make a decision, e.g. understanding of risks, alternatives and consequences.
Interested Persons:	Persons identified by Colorado law who are entitled to notice of any request for a court order. This includes a request for a Conservatorship or a Guardianship. The term can vary, depending on the type of request under consideration. It would usually include the spouse and adult children of a respondent, at the very least.
Letters:	A formal document issued by the Court appointing that serves as proof of appointment as Guardian or Conservator.
Minor:	A person who is under the age of 18.
Petitioner:	A person who files a Petition for the Appointment of a Conservator or Guardian.
Representative Payee:	A person or agency chosen by the Social Security Administration to receive and manage the recipient's social security or supplemental security income (SSI) benefits for the recipient who cannot manage his or her own money.
Respondent:	A person who is the subject of a Guardianship or Conservatorship petition.
Ward:	A person for whom a Guardian has been appointed.

Information Regarding Your Appointment as a Guardian & Duties as the Guardian of the Ward

The Guardian shall have access to the Ward's medical records and information to the same extent that the Ward is entitled. The Guardian shall be deemed to be the Ward's personal representative for all purposes relating to Ward's protected health information, as provided in HIPAA, Section 45 CFR 164.502(g)(2).

◆ Your Duties and Limitations as the Guardian:

- ◆ Arrange for care and protection.
- ◆ Decide on living arrangements.
- ◆ Arrange for food, clothes, personal care items, spiritual needs, housekeeping, transportation and recreation.
- ◆ Arrange for health care.
- ◆ Maintain sufficient contact with the Ward so that you are aware of his or her capacities, limitations, needs, opportunities and physical and mental health.
- ◆ To the extent possible, encourage the Ward to participate in decision-making.
- ◆ When making decisions for the Ward, consider his or her expressed desires and personal values.
- ◆ If you are the guardian for a minor, you have the duties and responsibilities of a parent regarding the minors support, care, education, health, and welfare, unless the Court order says otherwise. This includes authority to sign school consent forms such as enrollment, sports/activity participation, etc.
- ◆ Consider whether the Ward needs a Conservator to manage his or her financial affairs.
- ◆ Evaluate and consider application for public benefits if the Ward does not have a Conservator.
- ◆ Do not deposit the Ward's money into your own account.
- ◆ Immediately notify the Court if an adult Ward's condition has changed so that he or she is capable of exercising rights previously removed.
- ◆ Immediately notify the Court of a change in your address or the Ward's address and of the Ward's death.
- ◆ You may not change the Ward's place of residence from the State of Colorado without a Court order.
- ◆ Special procedures must be followed to obtain hospital or institutional care and treatment for mental illness of a Ward, to obtain care and treatment from an approved service agency for a Ward with developmental disabilities, and to obtain care and treatment for alcoholism or substance abuse. You do not have authority to consent to any such care or treatment against the Ward's will.

(NOTE: This list is not complete but highlights the typical areas of responsibility)

◆ **Record Keeping:**

- ◆ You may wish to establish a time sheet tracking time spent with the Ward.
- ◆ You must maintain all records for the duration of the Guardianship. This may include medical reports, housing expenses, SSI income or any other sources of income, expenses paid to professionals, etc. The Court and Interested Persons can request documentation from the Guardian at any time.
- ◆ Subject to review by the Court, you may be entitled to reasonable compensation, which may have tax consequences to you and/or the Ward.

◆ **Complete and file with the Court required reports.**

- ◆ File the Initial Guardian's Report. (This is required for Adult Guardianships only.) See the order of appointment for the due dates of filing.
- ◆ File Annual Guardian's Report as ordered. Check the order of appointment for the due dates.
- ◆ Provide copies of the Initial and/or Annual Guardian's Report to Interested Persons as identified in the order of appointment.

Frequently Asked Questions

The following are frequently asked questions to assist you with your appointment as a Guardian. Consult with an attorney if you have questions that are not addressed here.

What is the cost to obtain certified copies of Letters and Orders from the Clerk's Office?

The number of Letters required depends on the circumstances. The cost is \$20.75 apiece.

What is the difference between a guardian and conservator?

Guardian: Assists with personal affairs, such as housing and health care.

Conservator: Assists with the financial affairs.

What happens to bank accounts?

It depends on the nature or the reason for the account. For example: if the account was established as a matter of convenience so the co-owner can write checks for the protected person, most likely the account should be transferred to the conservatorship. If it was established for estate planning purposes, no changes may be necessary.

What about business situations?

Call a lawyer.

When I was appointed, I was handed a stack/notebook full of paperwork. Why?

The law requires that you file reports with the Court. This User's Manual is designed to help guide and assist you with the process and provide you with instructions and forms for the reporting requirements. Refer to the Court's order for the dates that all reports are due.

Where can I get more of these blank reporting forms?

All forms are available, free of charge, in the Self-Help section on the Colorado Judicial Department's website:

http://www.courts.state.co.us/Forms/Forms_List.cfm/Form_Type_ID/130

You may also get blank forms at the clerk's office for a charge of .75 cents per page.

I need more copies of my proof of appointment. Where can I get them and what is the cost?

You may obtain copies at the clerk's office for a charge of .75 cents per page. If you need any of the documents certified, there is an additional charge of \$20.00 per document.

I need help completing all these reports. Can the clerks help me?

Court clerks are not allowed to give legal advice or assist with the completion of forms. If you need assistance, it is highly advised that you seek the advice of a lawyer.

Am I personally liable for the Ward's expenses and what about their actions?

A Guardian need not use the Guardian's personal funds for the Ward's expenses. A Guardian is not liable to a third person for acts of the Ward solely because of the relationship as Guardian.

I'm very worried about the Ward's safety when they drive. What can I do?

As the Guardian, you are charged with making decisions that are in the best interests of the Ward, including restricting driving privileges. You should speak with the Ward's physician about your concerns. He or she can help you decide what to do. You can also contact the Department of Motor Vehicles to discuss possible revocation of the Ward's driver's license.

What documentation do I need in order to add the Minor to my health insurance, car insurance, etc.?

Provide certified copies of the Letters of Guardianship.

Can I pay myself?

A Guardian is entitled to reasonable compensation for his or her services. The hourly rate is determined on a case-by-case basis. It is important to keep a record of the time spent and the service provided. Family members usually serve without compensation. Time spent for friendship and companionship should not normally be billed to the Ward. Compensation paid to the Guardian is treated as taxable income to the Guardian and as a tax-deductible expense for the Ward.

A Guardian is also entitled to reimbursement for expenses paid from the Guardian's own funds. You are required to maintain supporting documentation for all disbursements. The Court or any Interested Persons may request copies at any time.

Compensation and reimbursement for expenses must be approved by the Court unless someone else has been appointed as Conservator. In that case, the Conservator may approve payment.

The Ward lives with me. May I charge rent?

You may charge a reasonable amount for rent and other living expenses. These expenditures should be submitted to the Court for approval. There may be tax consequences to such payments.

The Ward cannot live alone and I can't take care of him/her myself. What do I do now?

As the Guardian, you are charged with making decisions that are in the best interests of the Ward, including housing decisions such as nursing home placement. It is important that you educate yourself about the Ward's needs and the resources available.

I have to leave town for a while. Can I designate someone to make decisions for the Ward in my absence?

The Guardian may delegate to another person, for a period not exceeding 12 months, any powers regarding care, custody or property of a Ward, except the power to consent to marriage or adoption. Instructions (JDF 750) and a form (JDF 751) are available on the Self-Help section on the Colorado Judicial Department's website:

http://www.courts.state.co.us/Forms/Forms_List.cfm/Form_Type_ID/148

My siblings and I are arguing about the way I'm taking care of the Ward. What can I do?

Your siblings have the right to take any of their concerns to the Court. Until the Court says otherwise, you have the power to make decisions about the Ward's care, etc.

What happens when the Ward dies?

Promptly notify the Court by filing a Notice of Death (JDF 853).

What if the Ward gets well and doesn't need my help any longer?

You or the Ward may file a Petition for Termination of Guardianship (JDF 852). Generally, a hearing will be required with the Ward present, unless excused for good cause.

What would happen if I didn't file the required reports or didn't comply with court orders?

The Court will impose sanctions, which may include your removal as Guardian, fines, contempt of court, arrest and/or imprisonment.

What if I need to move? Can I take the Ward with me?

Within Colorado: http://www.courts.state.co.us/Forms/Forms_List.cfm/Form_Type_ID/112

Promptly notify the Court of the new address.

Outside the State of Colorado: The Guardian may not establish or move the Ward's custodial dwelling outside the State of Colorado without a Court order. To transfer the guardianship to another state, file a Petition to Transfer Guardianship/Conservatorship from Colorado to Receiving State (JDF 787) with the Colorado Court where the guardianship was established. Once a Provisional Order is issued in Colorado approving the transfer, file a Petition to Accept Guardianship/Conservatorship in the state where you want the guardianship to be transferred.

What if I need to move the Ward to another County or State in order to qualify for services, school programs, etc.?

The same rules as above apply.

How do I get copies of birth certificates, social security cards, etc., for the Ward?

Provide certified copies of the Letters of Guardianship to the appropriate agency. See the Resources page for links to many agencies' websites. (For birth certificates for people born in Colorado, see the Colorado Department of Public Health and Environment website. For information about social security cards, see the Social Security Administration website.)

There was mention of "reasonably available technological assistance"? What does that mean to my Ward and me?

This means that a guardianship will not be established for an adult person who could satisfy their essential requirements for physical health, safety or self-care if only they had appropriate and reasonably available technological assistance. For example, if a hearing aid or a wheel chair is all that a person needs to function independently, then a guardianship will be denied.

If I am not allowed to obtain hospital or institutional treatment for mental illness, developmental disability or alcoholism, against the will of the Ward, what are my options?

Contact the County Attorney or the agency who handles mental health cases in the county where the Ward resides.

What if the Ward wishes to get married?

The Guardian for a minor can consent to the marriage. The Guardian for an adult, must petition the Court for approval of the marriage.

What if the Ward gets married without my knowledge?

The Guardian may file for a Dissolution of Marriage or an Annulment (Invalidity of Marriage) as appropriate.

How do I become the Representative Payee for social security benefits?

Contact the Office of Social Security Administration and provide certified copies of Letters of Guardianship.

Can I claim the Ward as an exemption on my tax return?

Consult with a tax advisor.

As the Guardian for a minor, am I entitled to child support from the biological parents?

If a Conservator has not been appointed and the Court order does not limit your authority to do so, you may commence a proceeding or take other appropriate action to compel the parents to support the minor. Contact Social Services for information.

What happens if the minor commits a crime?

As the Guardian, you should help the minor obtain legal representation. Absent your agreement, you would not normally be personally liable for the legal fees.

What happens if the parents of the minor (who weren't able to take care of him/her) suddenly want the child back and I don't feel they are capable of taking proper care of the child?

The Parents can file a motion to modify or terminate a Guardianship. The Court will hold a hearing and review the facts of the case. At the hearing, you should let the Court know about your concerns.

Resources

AARP in Colorado	http://www.aarp.org/states/co/ 1-888 687-2277
ARC of Colorado	http://www.thearcofco.org/
ARC of the United States	http://www.thearc.org/NetCommunity/Page.aspx?pid=183
Actuarial Table	www.ssa.gov/OACT/STATS/table4c6.html
Alliance Colorado (Community Center Boards)	http://alliancecolorado.org/
Alzheimer's Association (Metro Denver)	www.alzco.org 303 813-1669
Alzheimer's Association	www.alz.org 1-800-272-3900
Administration on Aging	www.aoa.gov
Americans with Disabilities Act	www.ada.gov
Autism Society of America, Colorado Chapter	http://www.autismcolorado.org/
Benefits Check Up Colorado	www.benefitscheckup.com 1-866-550-2752
Brain Injury Association of Colorado	http://www.biacolorado.org/
Cerebral Palsy of Colorado	http://www.cpcoco.org/
Colorado Bar Association	www.cobar.org 303 860-1115
Colorado Cross-Disability Coalition	http://www.ccdconline.org/

Colorado Dept of Public Health and Environment	www.cdphe.state.co.us 1-800-866-7689 – within Colorado only
Colorado Developmental Disabilities Council	http://www.coddc.org/
Colorado Division of Insurance	www.dora.state.co.us/insurance 303-894-7490 in the Denver-Metro area 1-800-930-3745 from other parts of Colorado.
Colorado Fund for People with Disabilities	http://www.cfpdtrust.org/
Colorado Judicial Branch	www.courts.state.co.us
Community House Services, Inc.	303-831-4046
Consortium for Citizens with Disabilities	http://www.c-c-d.org/
County Department of Social Services	www.cdhs.state.co.us/servicebycounty.htm
Denver Regional Council of Governments	www.drcog.org 303 455-1000
Division of Aging and Adult Services	http://www.cdhs.state.co.us/aas/ 1-888-866-4243 – within Colorado only
Elder Care Locator	http://www.eldercare.gov/Eldercare/Public/Home.asp
Elder Law General Aging Smart Podcast	http://www.elderlawanswers.com/PodCast/PodCast.asp
Equal Employment Opportunity Commission	www.eeoc.gov 1-800-669-4000
Guardianship Alliance of Colorado	www.guardianshipallianceofcolorado.org 303 423-2898
Harrison Memorial Animal Hospital	http://cvmf.org/displaycommon.cfm?an=1&subarticlenbr=27
Healthy Aging for Older Adults	www.cdc.gov/aging/ 1-800-311-3435

Hero Alliance
People with Disabilities Seeking Home Ownership

<http://www.heroalliance.org/>

National Guardianship Association

www.guardianship.org

Legal Center
for People with Disabilities & Older People

<http://www.thelegalcenter.org/>

Medicare

www.medicare.gov
1-800-Medicare

Mile High Down Syndrome Association

<http://www.mhdsa.org/>

Senior Housing Options

www.seniorhousingoptions.org
303 595-4464

Social Security Administration

www.socialsecurity.gov
1-800-772-1213

Social Security Office – Denver Region

<http://www.socialsecurity.gov/denver/>

The Colorado Consumer Line
Attorney General's Office

www.ago.state.co.us
1-800-222-4444

United Way

<http://national.unitedway.org/>

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Ward/Protected Person	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF CHANGE OF ADDRESS	

1. _____ (name), is the subject of a Conservatorship and/or Guardianship.

2. The Protected Person Ward has moved. Court approval pursuant to §15-14-315(1)(b), C.R.S. was granted for said move on _____ (date).
 The new address is: _____

3. The Guardian Conservator has moved.
 The new address is: _____

4. The Court, in its Order Appointing Guardian or Conservator, ordered that notice of all proceedings be given to the following person(s):

Name	Address	Relationship

Signature of Guardian/Conservator or Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Ward	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Minor	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
GUARDIAN'S REPORT – MINOR	

Current Reporting Period From _____ To _____
 (MM/DD/YYYY) (MM/DD/YYYY)

Instructions to Guardian:

If ordered by the Court, Colorado law requires that every guardian of a minor complete a Guardian's Report every year. When you complete this report, you must file the report with the Court and mail copies of the report to the Minor, if 12 years of age or older, and all interested persons as identified in the Order Appointing Guardian. Complete the Certificate of Service at the end of this report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it.

- | I. SUMMARY OF REPORT | Yes | No |
|--|--------------------------|--------------------------|
| A. Do you recommend that the guardianship continue?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you had any criminal charges filed against you or convictions entered since the last report?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you recommend any changes to the guardianship?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you wish to remain guardian?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has the Minor's physical and medical condition (hospitalization/injuries) changed since the last report? If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

F. Is the Minor covered under health/dental insurance? If **Yes**, describe coverage:

G. Is there a need for medical, social or psychological evaluations of the Minor?
If **Yes**, explain:

H. Has the Minor's residence changed since the last report?
Identify specifics in **Section V**.

I. The Minor's care and living situation is: Excellent Average Below Average

II. MINOR'S INFORMATION

New Residence from last Report

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Type of Residence: Relative/Guardian's Home Group Home Foster Home Other: _____

Name of Facility, if applicable: _____

III. GUARDIAN'S INFORMATION

Updated Information from last Report

Guardian's Name: _____ Email address: _____

Address (Street and P.O. Box): _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Co-Guardian's Name: _____ Email address: _____

Address (Street and P.O. Box): _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

IV. EDUCATION AND EXTRACURRICULAR ACTIVITIES

A. Is the Minor attending school?: Yes No If **Yes**, complete the information below:

Name of School: _____ Current Grade Level: _____

Address: _____

Phone Number: _____ Minor's grades are: Excellent Average Below Average

If below average explain why.

B. If the Minor is old enough, does he/she have a job? Yes No Describe.

C. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

V. PLACEMENT AND CARE SUPERVISION

A. If the Minor has moved since the last reporting period, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

B. Who currently provides the majority of the Minor's supervision?

Name: _____ Telephone Number: _____

VI. FINANCIAL MATTERS

A. Do you have possession or control of the Minor's assets, e.g. property, financial accounts? Yes No
If Yes, describe: _____

B. Do you have control of the Minor's Income? Yes No

If Yes, describe: _____

C. Do you or the Minor receive any financial support from the biological parents? Yes No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

D. If applicable, identify the Representative Payee for Social Security and other income benefits.

Name: _____ Phone Number: _____

E. Have any fees been paid to you in your role as guardian? Yes No
If Yes, describe:

F. Have any fees been paid to others for the care of the Minor or his/her property? Yes No
If Yes, describe:

Complete this section only if there is no Conservatorship and the Guardian has custody of funds.

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.

VII. PERSONAL CARE AND OTHER ISSUES

A. Date of the Minor's last medical exam: _____ Dental exam: _____

B. Are the Minor's immunizations current? Yes No

If No, explain: _____

C. Describe any medical, educational, vocational, counseling and other services provided to the Minor.

D. Identify any significant events involving the Minor since the last report e.g. special awards or recognition, health issues, criminal charges/convictions, behavioral issues.

E. Does the Minor have any contact with the biological parents and/or other family members? Yes No
 Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit.

F. Do you believe the current plan for care is in the Minor's best interest? Yes No
 If **No**, describe your recommended changes:

Note: If you wish to modify or terminate this guardianship, you must file a separate Petition with the Court.

VERIFICATION

I verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. §15-10-310, C.R.S.

 Guardian's Signature

 Date

 Co-Guardian's Signature

 Date

Certificate of Service

I certify that on _____ (date) a copy of this Guardian's Report was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Minor, if 12 or older		

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

 Signature of Person Certifying Service

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> In the Interest of: Ward	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: Division Courtroom
GUARDIAN'S REPORT – ADULT	

INITIAL REPORT/CARE PLAN **ANNUAL REPORT**

Current Reporting Period From _____ To _____
 . (MM/DD/YYYY) (MM/DD/YYYY)

Instructions to Guardian:

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When you complete this report, you must file the report with the Court and mail copies of the report to the Ward and all interested persons as identified in the Order Appointing Guardian. Complete the Certificate of Service at the end of this report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it.

VIII. SUMMARY OF REPORT

Yes No

- | | | |
|---|--------------------------|--------------------------|
| A. Do you recommend that the guardianship continue?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you had any criminal charges filed against you or convictions entered since the last report?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Do you recommend any changes to the guardianship?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you wish to remain guardian?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Has the Ward's physical and medical condition (hospitalization/injuries) changed since the last report? If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| F. Has the Ward been hospitalized in the last year?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Is there a need for further medical, social or psychological evaluations of the Ward?
Please explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Has the Ward's residence changed since the last report?
Identify specifics in Section V . | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Does the Ward have sufficient financial resources? | <input type="checkbox"/> | <input type="checkbox"/> |

IX. WARD'S INFORMATION

New Residence from last Report

Name: _____ Age: _____

Address (Include name of facility): _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

Type of Residence: Private Nursing Home Assisted Living Home Other: _____

X. GUARDIAN'S INFORMATION

Updated Information from last Report

Guardian's Name: _____ Email address: _____

Address (Street and P.O. Box): _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

Co-Guardian's Name: _____ Email address: _____

Address (Street and P.O. Box): _____

City: _____ State: ____ Zip Code: _____ Telephone Number: _____

XI. CURRENT CONDITION OF THE WARD

Describe the Ward's mental, physical, and social condition and if any additional evaluations are needed.

XII. PLACEMENT AND CARE SUPERVISION

C. If the Ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

D. Who currently supervises the Ward's care and treatment on a daily basis?

Name: _____ Telephone Number: _____

XIII. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the Ward.

A. How often do you visit the Ward? Daily Weekly Monthly Other: _____

B. How often do you contact the Ward or the Ward's care provider?

Daily Weekly Monthly Other: _____

C. When was the last time you saw the Ward in person? _____ (date)

D. How long are the visits and summarize your activities with and on behalf of the Ward?

E. Does the Ward participate in decision-making? Yes No Briefly describe.

XIV. FINANCIAL MATTERS

G. Are there sufficient financial resources to take care of the Ward? Yes No If No, what do you believe is the best way to handle this problem?

H. Do you have possession or control of the Ward's assets, e.g. property, financial accounts? Yes No
If Yes, describe: _____

I. Do you have control of the Ward's Income? Yes No

If Yes, describe: _____

J. If applicable, identify the Representative Payee for Social Security and other income benefits.

Name: _____ Phone Number: _____

K. Have any fees been paid to you in your role as guardian? Yes No

If Yes, describe: _____

L. Have any fees been paid to others for the care of the Ward or his/her property? Yes No

If Yes, describe and identify name of person: _____

Complete this section only if there is no Conservatorship and the Guardian has custody of funds.

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus money received (Social Security, SSI, pension, disability, interest, etc) from any source on behalf of the person	+ \$	
Less total fees to care providers	- \$	
Less total monies paid to the Ward, e.g. personal needs	- \$	
Less total fees paid to guardian	- \$	
Less any other expenses, e.g. housing, insurance, maintenance	- \$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.

XV. PERSONAL CARE AND OTHER ISSUES

A. Describe the medical, educational, vocational and other services provided to the Ward.

B. Do you believe the current plan for care, treatment and/or rehabilitation is in the Ward's best interest?

Yes No If No, describe what changes would be appropriate.

C. The Ward's care is Very Good Good Adequate Poor

D. Describe your plans for the Ward's future care including any recommended changes.

Note: If you wish to modify or terminate this guardianship, you must file a separate Petition with the Court.

VERIFICATION

I verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. 15-10-310, C.R.S.

Guardian's Signature Date

Co-Guardian's Signature Date

Certificate of Service

I certify that on _____ (date) a copy of this Guardian's Report was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Ward		

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Signature of Person Certifying Service

PREPARING TO FILE YOUR REPORT

The following is a checklist designed to help you prepare for the filing of your Guardian Report.

To facilitate electronic reproduction of documents please type or legibly print your report in black ink.

- Does your report have the case number, the Ward's name and your address filled in at the top?

- If you or the Ward moved, did you indicate the address change?

- Did you sign the report? If there are co-guardians, did they all sign the report?

- Did you keep copies of receipts and disbursements for possible future court review?

- Did you provide copies of the report to all Interested Persons as identified in the order of appointment and complete the certificate of service indicating that you did so?

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| F. Has the Ward been hospitalized in the last year?
If Yes, explain: _____ | _ | <input checked="" type="checkbox"/> |
| G. Is there a need for further medical, social or psychological evaluations of the Ward?
Please explain: _____ | _ | <input checked="" type="checkbox"/> |
| H. Has the Ward's residence changed since the last report?
Identify specifics in Section V. | _ | <input checked="" type="checkbox"/> |
| I. Does the Ward have sufficient financial resources? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

II. WARD'S INFORMATION

New Residence from last Report

Name: Ima Ward Age: 51
 Address (Include name of facility): 410 Vivian Sweet (Host Home Provider)
789 Take Care Ave
 City: Hometown State: USA Zip Code: 80000 Telephone Number: (111) 888-9999
 Type of Residence: Private Nursing Home Assisted Living Home Other: Host Home

III. GUARDIAN'S INFORMATION

Updated Information from last Report

Guardian's Name: You R. Honest Email address: yourhonest@email.com
 Address (Street and P.O. Box): 123 Main St.
 City: Hometown State: USA Zip Code: 80000 Telephone Number: (111) 222-3333
 Co-Guardian's Name: _____ Email address: _____
 Address (Street and P.O. Box): _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____

IV. CURRENT CONDITION OF THE WARD

Describe the Ward's mental, physical, and social condition and if any additional evaluations are needed.

Ima is in good physical health. Her mental condition of cerebral palsy remains the same and is expected to never improve. Her eyesight seems to be declining a bit. She also has problems with depth perception. We believe that was the reason for her fall.

Evaluations beyond her routine exams are not needed.

V. PLACEMENT AND CARE SUPERVISION

- A. If the Ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change
N/A			

- B. Who currently supervises the Ward's care and treatment on a daily basis?

Name: Vivian Sweet Telephone Number: (111) 888-9999

VI. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the Ward.

- A. How often do you visit the Ward? Daily Weekly Monthly Other: _____
- B. How often do you contact the Ward or the Ward's care provider?
 Daily Weekly Monthly Other: _____
- C. When was the last time you saw the Ward in person? _____ (date)

- D. How long are the visits and summarize your activities with and on behalf of the Ward?

Visits are two to three hours and generally involve coming to my home for meals or attending sporting events of my children.

- E. Does the Ward participate in decision-making? Yes No Briefly describe.

Ima's verbal skills are limited. She does not have the level of understanding necessary to participate in decision-making.

VII. FINANCIAL MATTERS

- A. Are there sufficient financial resources to take care of the Ward? Yes No If No, what do you believe is the best way to handle this problem?

- B. Do you have possession or control of the Ward's assets, e.g. property, financial accounts? Yes No
 If Yes, describe: I pay her bills, including her personal needs.

- C. Do you have control of the Ward's Income? Yes No
 If Yes, describe: I am the payee on her SSI.

D. If applicable, identify the Representative Payee for Social Security and other income benefits.
 Name: You R. Honest Phone Number: (111) 222-3333

E. Have any fees been paid to you in your role as guardian? Yes No
 If Yes, describe: _____

F. Have any fees been paid to others for the care of the Ward or his/her property? Yes No
 If Yes, describe and identify name of person: _____

Complete this section only if there is no Conservatorship and the Guardian has custody of funds.

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	987.00
Plus money received (Social Security, SSI, pension, disability, interest, etc) from any source on behalf of the person	+\$	2100.00
Less total fees to care providers	-\$	-.00
Less total monies paid to the Ward, e.g. personal needs	-\$	1,710.00
Less total fees paid to guardian	-\$	-.00
Less any other expenses, e.g. housing, insurance, maintenance	-\$	-.00
Ending balance of bank accounts	\$	1,377.00

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.

VIII. PERSONAL CARE AND OTHER ISSUES

A. Describe the medical, educational, vocational and other services provided to the Ward.
Ima continues to receive services through Hopeful Help of Our County. She attends the day program and enjoys the social interaction. She attended a week-long summer camp this year.
Ima loves her dolls and toys. She is very happy with Vivian and her family in their home.

B. Do you believe the current plan for care, treatment and/or rehabilitation is in the Ward's best interest?
 Yes No If No, describe what changes would be appropriate.

C. The Ward's care is Very Good Good Adequate Poor

D. Describe your plans for the Ward's future care including any recommended changes.

There are no changes planned for Ima's care.
My plan is to continue to keep her as healthy
and happy as possible

Note: If you wish to modify or terminate this guardianship, you must file a separate Petition with the Court.

VERIFICATION

I verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. 15-10-310, C.R.S.

You R. Honast 00/00/0000
 Guardian's Signature Date _____ _____
 Co-Guardian's Signature Date

Certificate of Service

I certify that on 00/00/0000 (date) a copy of this Guardian's Report was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
<u>Ima Ward</u>	<u>Ward</u>	<u>789 Take Care Ave, Hometown USA</u> <u>80000</u>	<u>U.S. mail</u>

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

You R. Honast
 Signature of Person Certifying Service