

STATE OF MAINE

COUNTY PROBATE COURT¹ DOCKET NO. _____

IN RE: _____

COURT-APPOINTEE'S REPORT

1. **NATURE OF THIS PROCEEDING:**

***** Other: _____

2. **APPOINTEE'S DATA:**

A. Date of Appointment: _____

B. Name and Address: _____

 Telephone Number: _____

C. Appointee's Occupation: _____

D. Hearing scheduled on: _____

E. Report **MUST** be filed by: _____
[For Petition for Temporary Guardianship, 10 days after appointment and
for Petition for Full Guardianship, 10 days before scheduled hearing.].

3. **IDENTIFYING INFORMATION:**

A. Name: _____

B. Current Address: _____

C. Birthdate and Birthplace: _____

D. ***** Status and name of Spouse or Partner, if any: _____

G. Names, addresses and ages of living children and other adult relatives:

F. Date(s) and Place(s) of Visit(s):

G. Person(s) Interviewed:

4. **VISITATION SUMMARY:**

The following observations of the above-named person resulted from the visit:

A. Physical description of above-named person:

B. Current living situation:

C. Level of communication: (State whether person visited was able to communicate and describe the manner in which s/he did so. If the person visited was unable to communicate, please record your observations.)

D. Information pertaining to above-named person's background: (including comments on the relationship of the person visited with petitioner, nominee and other relatives who could be considered interested in this matter.)

E. Above-named person's own attitude and understanding of the pending proceedings for appointment of guardian and/or conservator and the possible consequences of the proceedings, e.g., is s/he familiar with and in agreement with the terms of the plans required by 18-A §5-303(a) and 18-A M.R.S.A. §5-407(b)(2):

F. Does s/he wish to contest any aspect of the proceeding or seek any limitations of the power of the proposed guardian/ conservator:

G. Does s/he wish to attend the hearing?

H. Above-named person's income and other assets: (If this information is not readily available, so state.).

I. Person or Agency presently administering these assets.

5. **VISITOR'S OBSERVATIONS:**

A. State whether you think the above-named person is in need of having a guardian and/or conservator appointed. State reasons why or why not:

B. State whether you think that any limitations be imposed on the powers of the guardians/conservator? If yes, please explain.

C. Visitor's recommendations:

I certify the following: I interviewed the above-named person alone without any other person present. I also have interviewed the person(s) proposed for appointment as Guardian or Conservator. I visited the present place of abode of the above-named person and the place it is proposed that s/he will reside if the requested appointment is made. I explained the meaning and possible consequences of the requested appointment to the above-named person and inquired from her/him if s/he wished to attend the hearing to contest any aspect of the proceeding or to seek any limitations on the proposed guardian's and/or conservator's powers. I explained to the above-named person that s/he was entitled to be present at the hearing in person and to see and hear all the evidence bearing upon her/his condition. I informed her/him that s/he is entitled to be represented by counsel to present evidence, to cross-examine witnesses, including the physician and the visitor. I also informed the above-named person that the issue may be determined at a closed hearing if s/he or counsel requests.

I further certify that I have no personal interest in these proceedings, that I have made no substantive alteration has been made to the official form as most recently approved and promulgated by the Supreme Judicial Court, as reproduced for interactive format by Waldo County Probate Court and that I have met the standards under M.R.Prob.P. 84(b).¹

Date: _____

Appointee's signature

List here the names of all persons who have received a copy of this report:

Date filed: _____

Register of Probate

ATTACHMENT FOR WALDO APPOINTEES

1. ASSESSMENT OF ALLEGED INCAPACITY

- A. Medical Condition: Please describe this person's Current diagnoses. Detail prescribed medications. And describe any medical condition that may produce functional disability: (Here and throughout, also please always also cite sources of your information.).

- B. Cognition: Please describe any cognitive functioning component that may affect the above-named person's capacity.

- C. Functional Abilities: Please describe the above-named person's everyday functioning abilities and limitations: *See* 18-A M.R.S.A. § 5-303(b).

- D. Values: Please describe how protection may be made consistent with the above-named person's values, preferences, skills, loves (including pets), hobbies, life patterns and valued daily routines:

- E. Risk(s): Please describe the risk of harm to the above-named person without protection and the level of supervision required to mitigate the risk.

- F. Enhancements: Please describe those means that may be used to enhance the above-named person's functional capacity without resort to protection.

2. DETAILED OPINIONS ON NEED FOR PROTECTION OR LIMITATIONS

- A. Pursuant to 18-A M.R.S.A. §5-101(1) and 18-A M.R.S.A. §5-304(b), do you believe that the above-named person is impaired by mental illness or other reason to the extent that the above-named person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the above-named person?
- B. Pursuant to 18-A M.R.S.A. §5-105 and 18-A M.R.S.A. §5-304(a), do you see areas to limit the guardianship and thereby encourage the development of maximum self reliance and independence and make appointive order only to the extent necessitated by the above-named person's actual mental and adaptive limitations? If so, what specific powers and duties do you believe should the nominee be granted and what should the above-named person retain?

3. FOR TEMPORARY GUARDIANSHIPS:

- A. State your assessment of the emergency leading to the Petition for Guardianship:
- B. State the specific powers and duties (if any) that you believe the nominee should receive, should the Court decide to appoint a Temporary Guardian:
- C. State the limitations that you believe ought to be imposed on the powers and duties of the nominee, should the Court decide to appoint a Temporary Guardian:

4. POWERS OF ATTORNEY (for financial and/or medical decisions): Name any Power-of-Attorney and the person or Agency presently administering these assets:

ADDITIONAL PAGE FOR ADDITIONAL INFORMATION:

¹ *See* M.R.Prob.P. 84 (Official form may serve as guide.); *see also* Mitchell and Hunt, *Maine Probate Procedure: Guide to Official and Recommended Forms* § 1.01 (Use of these Waldo-revised forms is not mandatory, simply preferred formatting for the additional information here requested, uniform citations and interactive use online.).