

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

GUARDIAN'S INFORMATION:

Guardian's Name _____

Home Address: _____

Including P.O. Box _____

& Phone Number (_____) _____

Work Address: _____

Including P.O. Box _____

& Phone Number (_____) _____

WARD'S INFORMATION:

Ward's Name _____

Current Address: _____

Include Name of Living _____

Center or Nursing Home _____

& Phone Number (_____) _____

This format is intended as a guide to guardians and their lawyers. The elements of a care plan are highly variable, and the direction of a care plan is dynamic, since the needs of your ward may change significantly over time. Nevertheless, focusing on answers to these guiding questions will assist the parties and the Court. The initial guardian's report should be filed within sixty (60) days after the guardian is appointed. Thereafter, the guardian's report should be filed annually unless otherwise ordered.

I. Basic condition of the ward

- A. What is your ward's physical and medical condition?

- C. What are your ward's current advance medical directives, if any? Describe any health care power of attorney, living will, cardiopulmonary ("CPR") directives, or other advance medical directives, and attach copies.

- D. If your ward has not made such directives, what do you believe would be the best approach to these issues?

III. Placement and Care Supervision

- A. Where is your ward residing now and what kind of facility is it? (For example, is it a private residence, assisted living, or nursing home, etc.?)

- B. Do you anticipate needing to change your ward's residence? If so, when and why?

- C. What services are currently provided to your ward? Include medical, educational, vocational, rehabilitative therapies, and other services.

- D. Who supervises your ward's care and treatment on a daily basis? _____
- E. How often do you communicate with this care supervisor? _____
- F. How often do you visit your ward, and how long are your visits?

- G. When was the last time you saw the ward in person? Where did this visit take place? How long was the visit?

- H. What arrangements have been made for your ward to be involved in social events, spiritual activities, or other community programs? Do you take the ward or is transportation provided?

IV. Financial Matters

- A. What is the source of payment for medical services and for room and board?

- B. Who is the designated Representative Payee for Social Security and other income benefits?

- C. Are all payments up-to-date for medical services and for room and board?

- D. Are there sufficient financial resources to take care of your ward? If not, what do you believe is the best way to handle this problem?

- E. Do you have possession or control of the ward's assets or income? No. Yes. If yes, you must also file an inventory of assets on CPC Form 20. An annual accounting on CPC Form 43 will be required along with the Guardian's Annual Report.

V. Other Issues

- A. What specific problems do you experience or foresee, either for yourself as guardian or for your ward?
How do you believe it will be best to handle each problem?

- B. Do you as guardian have any other concerns or comments?

- C. Do you believe the ward's care is adequate and appropriate?

D. Summarize your activities as guardian on behalf of your ward.

E. How does your ward participate in decision-making?

F. Do you believe the current plan for care, treatment or rehabilitation is in the ward's best interest? If your answer is no, describe what changes would be appropriate.

G. What are your plans for care during the next year?

H. Do you recommend that the guardianship continue?

I. What changes would you make to the guardianship?

Dated: _____

Signature of Guardian