

- No further action recommended.
- Refer to judge for further review.

<p>In the Matter of Protection for _____,</p> <p>Protected Person</p>	<p>Visitor's Report on Auditing Court Records</p> <p>This is a private record.</p> <hr/> <p>Case Number _____</p> <hr/> <p>Judge _____</p>
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(1) Inventory and annual reports.

(1)(A) Has the inventory been filed?

- The guardian is not required to prepare and file an inventory.
- Yes
- No

(1)(B) Have all status reports been filed?

- The guardian is not required to prepare and file an annual status report.
- Yes
- No, the guardian has not filed reports for the following years:

(1)(C) Have all financial reports been filed?

- The guardian is not required to prepare and file an annual financial report.
- Yes
- No, the guardian has not filed reports for the following years:

(1)(D) Describe efforts to reach the guardian and/or any discussions with the guardian about submitting missing reports.

- Not applicable.

(1)(H) Does it appear that the guardian needs additional training or education on how to fill out the reports? If yes, please recommend and describe an available training option for the guardian (for example, start by referring to the courts' web pages on guardians' responsibilities <http://www.utcourts.gov/howto/family/GC>; if the guardian is unable to access the webpages, indicate that a referral to the Court Visitor Program for assistance with completing reports is appropriate).

(2) Living arrangements.

(2)(A) What are the protected person's most recently reported living arrangements?

- Independent Living—Alone
- Independent Living—With Others (Describe who lives in the same household and their relationship to the protected person.)

- Residential Home
- Assisted Living
- Skilled Nursing Facility
- Intermediate Care Facility for Persons with Developmental Disabilities
- Hospital
- Mental Health Institution
- Other: (describe) _____
- Unable to tell

(2)(B) What is the source of this information and how old is it?

(2)(C) Has the protected person moved or changed living arrangements from the time of the guardian's appointment to the guardian's most recent report?

- Yes, changed nature of living arrangements
- Yes, moved but did not change nature of living arrangements
- No
- Unable to tell

(2)(D) If applicable, please describe any issues affecting the stability of the protected person's living arrangements:

(3) Does the protected person have any existing health problems? If yes, please describe the healthcare services he/she is receiving:

(4) Are there any signs of conflict among family members? If yes, please describe:

(5) Are there signs that the guardian has changed the protected person's lifestyle or standard of living? If yes, please describe:

(6) Please describe how the protected person's capacity is being maximized:

(7) Are there signs that the guardian needs help or wants to or needs to resign? If yes, please describe:

(8) Are there any signs that the protected person's capacity has changed? If yes, please describe:

(9) Are there any signs of possible financial exploitation? If yes, please describe:

(10) Are there any signs of other problems in the report(s)? If yes, please describe:

(11) Is there a reason to request a well-being report (for example, signs of physical, emotional, or sexual abuse, signs of conflict among family members or signs that the protected person's capacity is not being maximized)? If yes, please describe:

(120) Is the court's most recent contact information for the guardian and protected person correct?

Yes

No

Unable to tell

If no, please provide the updated contact information, if available:

Guardian

Address

City, State, Zip

Phone

Email

Protected Person

Address

City, State, Zip

Phone

Email

Guardian

Address

City, State, Zip

Phone

Email

Protected Person

Address

City, State, Zip

Phone

Email

_____ Sign here ► _____
 Date Typed or Printed Name _____

Certificate of Service

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Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Protected Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
(Interested Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

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Date _____

Typed or Printed Name _____