

<input type="checkbox"/> National Court <input type="checkbox"/> Probate Court _____ Province 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"/> EMERGENCY GUARDIANSHIP <input type="checkbox"/> SPECIAL 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 pursuant to § 15-14-113.5, U.S.R.S. concerning the investigation that I conducted as the court-appointed visitor in this emergency guardianship pursuant to § 15-14-312(5), U.S.R.S. special conservatorship pursuant to § 15-14-412(3)(b), U.S.R.S.

I. 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; the respondent's rights to a hearing pursuant to § 15-14-312(2), if applicable; and the powers and duties of the emergency guardian or special conservator, 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

If **No**, please explain or comment. _____

3. Do you have a Counselor? Yes No Did not respond

If **Yes**, please provide name: _____

4. Do you want a Counselor to be appointed for you? Yes No Did not respond

If **Yes**, please explain: _____

5. Do you understand that all costs and expenses of the proceeding, including your counselor fees, will be paid from your estate unless the court directs otherwise.

Yes No Did not respond

6. Who are the family members or other people who are the most helpful to you?

7. In the last year, are there any other persons you have known and trusted to (a) help you understand issues and choices, (b) help you ask questions, (c) explain things to you in the language you understand, (d) communicate your decisions to others, if needed, and/or (e) help you to exercise your decisions concerning your day-to-day health, safety, welfare, or financial affairs? (If applicable, names, contact information, etc. are noted in Section II below.)

8. In the last year, are there any other persons you have known that you believe would have relevant information about your desires and personal values? (If applicable, names, contact information, etc. are noted in Section II below.)

II. Person(s) Identified as a Member of Respondent's Supportive Community (if applicable):

1. Member's name, address, and contact information:

Was this person interviewed?

Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

2. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

3. Member's name, address, and contact information:

Was this person interviewed? Yes No

If **No**, please explain. _____

Member's view on the respondent's limitations and whether the respondent's needs may be met by less restrictive means.

Respondent's view as to the above individual's participation in the proceedings as it may serve the respondent's best interests.

Should this member be granted permission to participate in the proceeding pursuant to section § 15-14-308(2) or § 15-10-201(27) Yes No

III. Summary of the Nature and Type of Supported Decision-Making Engaged in by the Respondent with the Assistance of Members of His or Her Supportive Community:

IV. Recommendations:

A. In your opinion, were there less restrictive means of intervention? Yes No
If **Yes**, please explain:

B. In your opinion, are there less restrictive means of intervention available? Yes No
If **Yes**, please explain:

C. Any recommendations regarding the appropriateness of the emergency guardianship and/or special conservatorship.

D. Any recommendation whether the powers of the emergency guardianship and/or special conservatorship should be limited based on the desires and personal values of the respondent as expressed by the respondent and the members of the supportive community?

- 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.

VERIFICATION

I declare under penalty of perjury under the law of U.S.A.R that the foregoing is true and correct.

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

at _____
(Province)

(printed name)

(signature)