

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

COMMONWEALTH OF VIRGINIA

VA. CODE § 64.2-2020

Name of Incapacitated Person:			
Address of Incapacitated Person:			
Circuit Court where Guardian appointed:		Age:	
Circuit Court Case No.:			
Date of Order of Appointment:		Date Qualified by Clerk:	
Guardian's Name:		
Address:		
Telephone Number:		
Conservator's Name:		
Address:		
<input type="checkbox"/> Same as Guardian		
Telephone Number:		

Initial four-month report Annual report Final report

REASON FOR FILING FINAL REPORT

The period covered by this report is: to

Please make all responses as detailed as possible.

1. Describe the incapacitated person's living arrangements, including a specific assessment of the adequacy of such living arrangement:

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2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):

Mental:

Physical:

Social:

State any changes in the condition of the incapacitated person in the past year:

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3. Describe all medical, educational, vocational, social, recreational and any professional services and activities provided to the incapacitated person for the period covered by this report, and state your opinion of the adequacy of the care received by the incapacitated person. The information required by this subdivision shall include (i) the specific frequency or number of times the incapacitated person was seen by such providers; (ii) the date and location of and reason for any

hospitalization of such incapacitated person; and (iii) a description of the educational, vocational, social, and recreational activities in which such incapacitated person participated:

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4. State whether or not you agree with the current treatment or care plan:

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5. State your recommendation as to the need for continued guardianship and any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes:

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6. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation:

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7. State the name of any persons whose access to communicate, visit, or interact with the incapacitated person has been restricted and the reasons for such restriction:

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8. Provide a self-assessment as to whether you feel you can continue to carry out the powers and duties imposed upon you by Virginia Code § 64.2-2019 and as specified in the court's order of appointment pursuant to Virginia Code § 64.2-2009:

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9. Unless the incapacitated person resides with you, provide a statement of the frequency and nature of any (i) in-person visits from you with the incapacitated person over the course of the previous year and (ii) visits over the course of the previous year from a designee performing such visit. If any visit described in this section is made virtually, please specify. If no visit was made within a six-month period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such:

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10. Provide a general description of the activities taken on by you for the benefit of the incapacitated person during the past year:

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11. Provide a statement of whether the incapacitated person has been an alleged victim in a report of abuse, neglect, or exploitation made pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2, to the extent known, and whether there are any other indications of abuse, neglect, or exploitation of such incapacitated person:

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12. Provide any other information useful in your opinion:

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I certify that the information contained in this Annual Report is true and correct to the best of my knowledge.

.....
DATE

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SIGNATURE OF GUARDIAN

DSS Use Only:	
Date Received:	Date Reviewed:
..... REVIEWER'S SIGNATURE AND TITLE	

Court Use Only:	
Date Received:	
 Clerk