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: [ ] 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 ……

1. Describe the incapacitated person's living arrangements:

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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 and professional services 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:

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4. State the number of times you visited the incapacitated person, the nature of your visits and describe your activities on behalf of the incapacitated person (Guardians are required to visit the incapacitated person as often as necessary to know of his or her capabilities, limitations, needs and opportunities):

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

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6. State your recommendation as to the need for continued guardianship, any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes, and any other information useful, in your opinion, to a consideration of the guardianship:

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7. 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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I declare, under penalty of perjury, that the information contained in this Annual Report is true and correct to the best of my knowledge.

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DATE SIGNATURE OF GUARDIAN

DSS Use Only:

Date Received: ..... Date Reviewed: .....

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REVIEWER'S SIGNATURE AND TITLE