

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> <b>In the Interest of:</b>  <b>Respondent</b>	▲      ▲ <b>COURT USE ONLY</b>
Court Visitor (Name): _____	Case Number: _____  Division                  Courtroom
<b>COURT VISITOR'S REPORT</b> <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> 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 concerning the investigation that I conducted as the court-appointed visitor in this  guardianship pursuant to § 15-14-305, C.R.S.  conservatorship pursuant to § 15-14-406, C.R.S.

<b>Summary:</b>	<b>Yes</b>	<b>No</b>
<b>A. A lawyer</b> should be appointed to represent the respondent. Reason: <input type="checkbox"/> The respondent requested a lawyer. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. A guardian ad litem</b> should be appointed to represent the respondent's best interests. Reason: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. A professional evaluator</b> should be appointed to examine the respondent and prepare an evaluation. Reason: <input type="checkbox"/> The respondent has demanded an evaluation. <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. I believe the proposed guardianship, including the type of guardianship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on guardian's powers and duties: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. The nominated guardian should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. I believe the proposed conservatorship, including the type of conservatorship, is appropriate and that less restrictive means of intervention are unavailable.</b> Suggested limitations on conservator's powers and duties, and assets over which the conservator should be granted authority: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. The nominated conservator should be appointed for the respondent.</b>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

H. The respondent needs an interpreter.    
If yes, for what language? \_\_\_\_\_

List any interested persons involved who may need an interpreter, and for what language:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Significant concern(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Observations:**

A. The activities of daily living (daily functions) that the respondent can manage without assistance; could manage with the assistance of supportive services or benefits, including the use of appropriate technological assistance; and cannot manage are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The financial functions that the respondent can or cannot effectively manage are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. 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, and the general powers and duties of a guardian, conservator, or both, as appropriate to this case, 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
3. Do you have a lawyer? Yes No Did not respond  
If **Yes**, please provide name: \_\_\_\_\_
4. Do you want a lawyer to be appointed for you? Yes No Did not respond  
If **Yes**, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a doctor? Yes No Did not respond  
If **Yes**, please provide name: \_\_\_\_\_
6. Is your doctor the same doctor who provided the letter attached to the petition filed in these proceedings? Yes No Did not respond
7. Who are the family members or other people who are the most helpful to you?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Guardianship Only

1. Do you need any help with your daily living activities or daily functions? Yes No Did not respond  
If **Yes**, in what areas? \_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed guardian? Yes No Did not respond  
If **Yes**, who do you think the proposed guardian is? \_\_\_\_\_  
If **No**, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed guardian, then inform them of the correct proposed guardian).
3. Do you think that he or she should be appointed as your guardian? Yes No Did not respond
4. How do you feel about the proposed guardianship? (Scope, powers, duties, and duration.)  
Did not respond  
Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Conservatorship Only

1. Do you need any help with your finances?  Yes  No  Did not respond  
Identify specific areas (check writing, bill paying, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you know the proposed conservator?  Yes  No  Did not respond  
If **Yes**, who do you think the proposed conservator is? \_\_\_\_\_  
If **No**, why not? \_\_\_\_\_  
(If respondent provides the wrong name of the proposed conservator, then inform them of the correct proposed conservator).
3. Do you think that he or she should be appointed as your conservator?  
 Yes  No  Did not respond
4. How do you feel about the proposed conservatorship? (Scope, powers, duties, and duration.)  
 Did not respond  
 Responded as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Interview of Person Nominated as Guardian:

- A. Date and place of interview:  
\_\_\_\_\_  
\_\_\_\_\_
- B. Person seeking appointment was asked and responded as follows:
1. Name and address:  
\_\_\_\_\_  
\_\_\_\_\_
2. Relationship (including non-family) to respondent:  
\_\_\_\_\_  
\_\_\_\_\_
3. Occupation: \_\_\_\_\_
4. Why was this petition initiated?  
\_\_\_\_\_  
\_\_\_\_\_
5. Where has the respondent resided during the last 3 months?  
\_\_\_\_\_  
\_\_\_\_\_

a. Who, if anyone, has been caring for the respondent during this period?

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b. What type of care has been provided?

- None
- In-home care
- Assisted living
- Hospital or nursing home

c. What type of care will be provided if you are appointed as guardian?

- None
- In-home care
- Assisted living
- Hospital or nursing home

6. What changes in residence are contemplated?

- None
- Private home  Other facility. Please provide name and address:

7. What are your qualifications to be guardian for respondent?

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#### IV. Interview of Person Nominated as Conservator:

A. Date and place of interview:

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B. Person seeking appointment was asked and responded as follows:

1. Name and address:

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2. Relationship (including non-family) to respondent:

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3. Occupation: \_\_\_\_\_

4. Why was this petition initiated?

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5. Where has the respondent resided during the last 3 months?

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6. Who, if anyone, has been handling the respondent's financial affairs during this period?

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7. Does the respondent owe you (conservator nominee) any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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8. Do you (conservator nominee) owe the respondent any money or property?  Yes  No  
If Yes, please explain. \_\_\_\_\_

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9. What are your qualifications to be conservator for respondent? \_\_\_\_\_

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**V. Interview of Petitioner, if Different than the Nominated Guardian or Conservator:**

A. Name of person: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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C. Petitioner was asked and responded as follows:

1. Occupation: \_\_\_\_\_

2. Have there been any significant changes since you filed the petition?  Yes  No

Comments: \_\_\_\_\_

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**VI. Interview of Other Interested Persons:**

A. Name of person: \_\_\_\_\_ Relationship to respondent: \_\_\_\_\_

B. Date and place of interview: \_\_\_\_\_

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C. Other person asked and responded as follows:

1. Address: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Should a guardian or conservator be appointed?  Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** This section should be completed as many times as there are interested persons interviewed. Attach the additional interview notes to this report.

**VII. Report on Condition of Respondent's Current Residence:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
  - 1. Lawn and landscaping: \_\_\_\_\_
  - 2. Exterior: \_\_\_\_\_
  - 3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_
    - e. Other issues or concerns (explain) \_\_\_\_\_  
\_\_\_\_\_
- E. I believe the respondent's current dwelling meets his or her needs.  Yes  No

**VIII. Report on Condition of Respondent's Proposed Residence, if a change is contemplated:**

- A. Date visited: \_\_\_\_/\_\_\_\_/\_\_\_\_
- B. Address: \_\_\_\_\_  
\_\_\_\_\_
- C. Type of dwelling: \_\_\_\_\_
- D. Condition:
  - 1. Lawn and landscaping: \_\_\_\_\_
  - 2. Exterior: \_\_\_\_\_
  - 3. Interior: \_\_\_\_\_
    - a. Utilities working  Yes  No Additional comments \_\_\_\_\_
    - b. Clean  Yes  No Additional comments \_\_\_\_\_
    - c. Fire hazards  Yes  No Additional comments \_\_\_\_\_
    - d. Appropriate accessibility  Yes  No Additional comments \_\_\_\_\_
    - e. Other issues or concerns (explain) \_\_\_\_\_  
\_\_\_\_\_

E. I believe the respondent's proposed dwelling meets his or her needs. Yes No

**IX. Physicians or Other Persons Who Are Known to Have Treated, Advised, or Assessed the Respondent's Relevant Physical or Mental Condition:**

Please identify the sources of the information: \_\_\_\_\_

A. Physicians and psychiatrists: \_\_\_\_\_

Comments: \_\_\_\_\_

B. Psychologists and psychotherapists: \_\_\_\_\_

Comments: \_\_\_\_\_

C. Nurses and nurse aids: \_\_\_\_\_

Comments: \_\_\_\_\_

D. Other compensated health care providers: \_\_\_\_\_

Comments: \_\_\_\_\_

E. Family members, relatives, and friends: \_\_\_\_\_

Comments: \_\_\_\_\_

F. Others: \_\_\_\_\_

Comments: \_\_\_\_\_

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.

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**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(date) (month) (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)