

F. Date(s) and place(s) of visitation:

G. Person(s) interviewed:

4. Visitation Summary:

The following observations resulted from the visitation:

A. Physical description of Respondent:

B. Description of the current dwelling of the Respondent and any proposed dwellings where it is reasonably believed Respondent will live if appointment is made:

C. Level of communication of Respondent (state whether person visited was able to communicate and describe the manner in which the person did so. If the person visited was unable to communicate, please record your observations):

D. Information pertaining to Respondent's background (state as much as can be ascertained including comments on the relationship of the Respondent to the petitioner, nominee and other relatives who would be considered interested in this matter):

E. Respondent's attitude and understanding of the pending proceedings for appointment of guardian and/or conservator and the possible consequences of the proceedings (e.g. is Respondent familiar with and in agreement with the terms of the plans as required by 18-C M.R.S. § 5-316(1) and/or 5-419(1)):

5. Visitor's Observations (If applicable, please cite sources of your information):

A. Does Respondent wish to contest any aspect of the proceedings or to seek any limitations on the proposed guardian's powers? YES NO If yes, please explain.

B. Does the Visitor recommend that an attorney should be appointed to represent the Respondent?
YES NO

C. What are Respondent's medical conditions, cognitive functioning, everyday functioning, preferences, values:

Medical Condition: Describe the Respondent's current diagnoses. Detail any prescribed medications and describe any medical condition that may produce functional disability.

Cognition: Describe any cognitive functioning component that may affect the Respondent's capacity.

Functional Abilities: Describe the Respondent's everyday functioning abilities and limitations:

Values: Describe how protection may be made consistent with the Respondent's values, preferences, skills, loves (including pets), hobbies, life patterns and valued daily routines:

Risk(s): Describe the risk of harm to the Respondent's person without protection and the level of supervision required to mitigate the risk.

Enhancements: Describe those means that may be used to enhance the Respondent's functional capacity without resort to protection.

D. Describe the self-care and independent living tasks the Respondent is able to manage without assistance or with existing supports, or could manage with the assistance of appropriate supportive services, technological assistance or supported decision making or cannot manage.

E. Recommendations regarding the appropriateness of guardianship, including whether a protective arrangement instead of guardianship or other less restrictive alternatives for meeting the Respondent's needs are available and, if a guardianship is recommended, whether it should be full or limited and, if a limited guardianship, the powers to be granted to the guardian:

F. What are the qualifications of the proposed guardian and does the Respondent approve or disapprove of the proposed guardian?

G. Does the proposed dwelling meet the Respondent's needs and has the Respondent expressed a preference as to residence? YES NO . If no, please explain.

H. Is a further professional evaluation under 18-C M.R.S. § 5-306 necessary? YES NO . If yes, please explain.

I. Is the Respondent able to attend a hearing at the location court proceedings typically are conducted? YES NO . If no, please explain.

J. Does the Respondent wish to attend the hearing after being informed of the right to attend the hearing, the purposes of the hearing and the potential consequences of failing to attend? YES NO

K. Is the Respondent able to participate in a hearing? YES NO . If no, please explain. Identify any technology or other form of support that would enhance the Respondent's ability to participate.

IF CONSERVATORSHIP IS REQUESTED PLEASE ANSWER 6A THROUGH 6F:

6. Additional Questions if Conservatorship is Requested

A. Is the conservatorship appropriate or is there a protective arrangement instead of conservatorship or other less restrictive alternative for meeting the Respondent's needs? YES NO . If so, identify the less restrictive alternative:

B. Describe the Respondent's financial functioning, financial preferences and independent financial tasks the Respondent can manage without assistance or with existing supports, or could manage with the assistance of appropriate supportive services, technological assistance or supported decision making:

C. If a conservatorship is recommended, should it be full or limited? LIMITED FULL

D. If a limited conservatorship is recommended, the powers to be granted to the conservator and the property that should be placed under the conservator's control:

E. What are the qualifications of the proposed conservator and does the Respondent approve or disapprove of the proposed conservator?

F. Does the Respondent wish to challenge any aspect of the proceeding or to seek any limitation on the conservator's powers and duties or the scope and duration of the proposed conservatorship and the Respondent's general financial preferences and values? YES NO . If yes, please explain.

7. Did the Court direct any other matters or is there any other information you believe the Court should know? YES NO . If yes, please explain.

I hereby certify as follows:

1. That I interviewed the Respondent and the nominated person for appointment as Guardian and/or Conservator.
2. I explained the substance of the petition, the nature, purpose and effect of the proceeding, and the Respondent's rights at the hearing and the general powers and duties of a guardian and/or conservator and possible consequences of the requested appointment to the Respondent and inquired if the person wished to attend the hearing, to contest any aspect of the proceeding or to seek any limitations on the proposed guardian's and/or conservator's powers.
3. I explained to the respondent that the Respondent was entitled to be present at the hearing in person and to see and hear all the evidence bearing upon the Respondent's condition.
4. I informed Respondent that the Respondent is entitled to be represented by counsel, to present evidence, to cross-examine witnesses, including the physician and the visitor. I also informed the Respondent that the issue may be determined at a closed hearing if Respondent or Respondent's counsel requests.
5. I informed the Respondent that all costs and expenses of the proceeding, including the Respondent's attorney's fees, may be paid from the Respondent's assets.

I further certify that I have no personal interest in these proceedings.

Dated: _____

Visitor

List here the names of all persons who have received a copy of this report:

Date filed: _____

Register of Probate

MARP