

IN THE MATTER OF THE
 GUARDIANSHIP,
 AND/OR CONSERVATORSHIP OF:

Case No. _____

_____,
 Ward/Minor Ward/Protected Person

**VISITOR OR GUARDIAN AD
 LITEM REPORT WHEN THE
 PUBLIC GUARDIAN IS
 NOMINATED TO BE
 APPOINTED *CONFIDENTIAL***

I. Information:

A. DATES OF INTEREST:

The undersigned individual was appointed by the court as the visitor/guardian ad litem for the above-named individual as required by [Neb. Ct. R. §§ 6-1433.01\(D\)](#) and [6-1433.01\(E\)](#).

Date of Report: _____

Date of Hearing: _____

Date Completed Training with Office of Public Guardian on Screening Tool and Report Form: _____

B. CONTACTS :

I have had the following contact with the following persons in gathering information in this case:

| Date of Contact | Individual Contacted | Type of Contact & By Whom (In-person, Phone, Other) |
|-----------------|----------------------|--|
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II. Visitor/Guardian Ad Litem Report to the court

A. VISITOR/GUARDIAN AD LITEM NARRATIVE

Based upon information available, the following is a comprehensive outline relating to the allegedly incapacitated person's ability to make, communicate or carry out responsible decisions in the following areas as required by [Neb. Rev. Stat. §§ 30-2619.01](#) and [30-2619.03\(2\)\(3\)](#):

1. Selecting his or her place of abode within or without this state:

Disputed Issue Yes No

Evidence

Recommendation

2. Arranging for his or her medical care:

Disputed Issue Yes No

Evidence

Recommendation

3. Protecting his or her personal effects:

Disputed Issue ____ Yes ____ No

Evidence

Recommendation

4. Giving necessary consents, approvals, or releases:

Disputed Issue ____ Yes ____ No

Evidence

Recommendation

5. Arranging for training, education, or other habilitating services appropriate to him or her:

Include any information that would impact the potential duration of guardianship and/or conservatorship as a result of the individual acquiring skills that may mitigate or lessen their incapacity.

Disputed Issue ___ Yes ___ No

Evidence

Recommendation

6. Applying for private or governmental benefits to which he or she may be entitled:

Disputed Issue Yes No

Evidence

Recommendation

7. Instituting proceedings to compel any person liable for the support of the proposed ward to support him or her if no conservator has been appointed for the proposed ward:

Disputed Issue Yes No

Evidence

Recommendation

8. Entering into contractual agreements if no conservator has been appointed for the proposed ward:

Disputed Issue Yes No

Evidence

Recommendation

9. Receiving money and tangible property deliverable to him or her and applying such money and property to his or her expenses for room and board, medical care, personal effects, training, education, and habilitative services:

Disputed Issue Yes No

Evidence

Recommendation

B. POTENTIAL INQUIRY:

Pursuant to [Neb. Ct. R. § 6-1433.02\(I\)](#) further inquiry may be needed in the areas identified below.

1. Medical Condition

Not applicable

More inquiry needed

Disputed Issue Yes No

Comments:

2. Cognitive Functioning

Not applicable

More inquiry needed

Disputed Issue Yes No

Comments:

3. Daily living functional abilities

Not applicable

More inquiry needed

Disputed Issue Yes No

Comments:

4. Consistency of functioning with his/her values, preferences, and lifetime patterns

Not applicable

More inquiry needed

Disputed Issue Yes No

Comments:

5. Risk of harm in the context of his/her social and environmental supports

Not applicable

Inquiry needed

Disputed Issue Yes No

Comments:

6. Means to enhance capacity through accommodations and effective communication techniques

Not Applicable

More inquiry needed

Disputed Issue Yes No

Comments:

7. Others areas of inquiry for consideration not mentioned above:

Not applicable

Disputed Issue Yes No

Comments:

C. RECOMMENDATIONS REGARDING APPROPRIATE CANDIDATES
(Neb. Rev. Stat. § 30-4102; Neb. Ct. R. §§ 6-1433.01 and 6-1433.02):

Based upon my contact with the potential incapacitated individual, contact with others, and review of documents and based upon all the files, records, and proceedings related to this matter, if the court determines guardianship and/or conservatorship is appropriate,

As visitor/guardian ad litem,

_____ There is a potential private guardian and/or private conservator to serve in this case as identified below.

Name(s): _____

Address: _____

Phone: _____

_____ There is no other person available for appointment as guardian and/or conservator in this case, and therefore the Public Guardian is appropriate as the guardian and/or conservator of last resort.

_____ There is no other person available for appointment as guardian or conservator in this case, and except for the lack of capacity of the Office of Public Guardian, the Public Guardian would be appropriate as guardian and/or conservator of last resort.

Signature: _____ Date: _____

Printed Name: _____

(of Court Visitor/ Guardian ad Litem)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____