

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT  
DISTRICT COURT  
PROBATE COURT DIVISION

File No. \_\_\_\_\_

**VISITOR'S REPORT**

In Re: Guardianship

\_\_\_\_\_  
Proposed Ward

1. Date of Interview:

Place:

Others present during the interview:

2. Person oriented as to time and place. Knowledge of:

Time of day:

Date:

Place:

3. Physical appearance:

4. Were the notice and petition read to the Respondent?

5. Questions put to the person and his/her responses:

A) Do you understand the nature, purpose and effect of these proceedings?

B) You have a right to attend the hearing on this petition. Do you wish to attend?

Was a waiver signed?

- C) The law requires that the Court appoint an attorney to represent you, unless you wish to hire your own, or an attorney is provided by others, or you waive, in writing, the right to have an attorney. If you can afford it, you must pay reasonable attorney's fees for the attorney you hire, or the attorney appointed by the Court.

Do you understand what I have told you?

Do you want to have the Court-appointed attorney?

Do you wish to waive your right to be represented by an attorney?

Was a waiver signed?

You have a right to hire your own attorney.

**If an attorney is to be retained:**

What is his/her name?

**If an attorney is to be appointed by the Court:**

\_\_\_\_\_ is the Court-appointed attorney who will be available to represent you.

Was a copy of the Order Appointing Attorney given to the Respondent?

- D) Which of your family members is closest to you and in whom do you have trust and confidence?
- E) Who are your other family members?
- F) Do you know \_\_\_\_\_, the proposed guardians?

Would you like \_\_\_\_\_  
to be appointed your guardian, or neither?

If neither, is there someone you would prefer to be your guardian?

Who?

What powers would you like the guardian to have:

- 1) The power to have custody of you and be responsible for finding you a place to live?
- 2) The power to provide for your care, comfort and needs?
- 3) The power to take care of your personal belongings?
- 4) The power to provide for medical care and treatment?
- 5) The power to be responsible for any contracts you make?
- 6) The power to have supervision over you?
- 7) The power to pay for your support and maintenance?

6. Report on residence:

- A) Is place visited the Respondent's place of abode?
- B) Type of abode:
- C) Address:
- D) General condition of abode, if a private residence:

7. Conclusions of Visitor:

- A) The nature and degree of the person's current incapacity or disability is as follows:

- B) **If guardianship:** It seems appropriate to grant the following powers:
- Have custody of the Ward and establish the place of abode for the Ward within or without the State, M.S. § 524.5-313 (c)(1);
  - Provide for the Ward's care, comfort and maintenance needs, M.S. § 524.5-313 (c)(2);
  - Take reasonable care of the Ward's clothing, furniture, vehicles and other personal effects, M.S. § 524.5-313 (c)(3);
  - Give any necessary consent to enable, or to withhold consent for, the Ward to receive necessary medical or other professional care, counsel, treatment or service, M.S. § 524.5-313 (c)(4);
  - Approve or withhold approval of any contract, except for necessities, which the Ward may make or wish to make (*only given if no conservator is appointed*), M.S. § 524.5-313 (c)(5);
  - Exercise supervision authority over the Ward, M.S. § 524.5-313 (c)(6);
  - Apply on behalf of the Ward for any assistance, services, or benefits available to the Ward through any unit of government, M.S. § 524.5-313 (c)(7);
  - (other)\_\_\_\_\_..

8. Additional comments:

A. Living arrangement preference of the Respondent:

B. Any need for an attorney (even though the Respondent indicates otherwise or is unable to make an expression).

C. Other:

9. I informed the Respondent that I would be preparing this report and that a copy of it would be available to him/her and his/her attorney, not later than 5 days prior to the hearing.

10. I, the Visitor, have no personal interest in these proceedings.

\_\_\_\_\_  
Signature of Court Visitor

Dated:\_\_\_\_\_