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Dear Guardian,

I want you to know how much the Probate Court Office staff and I appreciate your stepping forward to assume the role of legal guardian for your incapacitated person. We all commend you for your decision to serve and we recognize that the care and protection of your ward will not be without some sacrifice on your part.

It is not uncommon for us to find that many of you have been acting as “unofficial” guardians before you were referred to Probate Court. Therefore, I can assume that you may already be familiar with your ward’s needs and the available resources here in Houston County.

However, for those of you who are new to the role of care-giver as well as for those of you who may need some clarification, we have created this Guardianship Handbook to answer some of the common questions that may arise during the course of a guardianship.

Since we cannot anticipate or cover every possible situation that may arise between a guardian and his or her ward, it is important for you to understand that this is not meant to be a definitive guide, or a substitute for your attorney’s advice. If you have any questions not addressed in this book, please contact Joanne C. Griffin at (334) 677-4719 for further information or referral.

As a guardian of the person, the Probate Code authorizes you to file your Annual Guardian of the Person Report without an attorney. You may find the Annual Guardianship Report online at www.houstoncountyprobate.org under the Guardianship tab. If the Annual report is now scheduled during the anniversary month of the guardianship we will email/mail a report form to you each year at or about the anniversary date of the guardianship. Please complete and return to the Court. Please inform us of any change of address and do not forget that your failure to file your report can result in removal.

Thank you again for your assistance in protecting the rights, interests, and well-being of an incapacitated person.

Sincerely,

Patrick H. Davenport
Judge of Probate

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MISCELLANEOUS

This section contains miscellaneous information that hopefully will be of help to you. There is no way to include everything you need to know but this can be a start.

WHO MAY BE GUARDIAN

- (a) Any qualified person may be appointed guardian of an incapacitated person.
- (b) Unless lack of qualification or other good cause dictates the contrary, the Court shall appoint a guardian in accordance with the incapacitated person's most recent nomination in a durable powers of attorney.
- (c) Except as provided in subsection (b), the following are entitled to consideration for appointment in the other listed:
 - (1) The spouse of the incapacitated person or a person nominated by will of a deceased spouse or by other writing signed by the spouse and attested by at least two witnesses or acknowledged;
 - (2) An adult child of the incapacitated person;
 - (3) A parent of the incapacitated person, or a person nominated by will of a deceased parent or by other writing signed by a parent and attested by at least two witnesses or acknowledged;
 - (4) Any relative of the incapacitated person with whom the person has resided for more than six months prior to the filing of the petition; and
 - (5) A person nominated by the person who is caring for or paying for the care of the incapacitated person.
- (d) With respect to persons having equal priority, the Court shall select the one it deems best suited to serve. The Court, acting in the best interest of the incapacitated person may pass over a person having priority and appoint a person having a lower priority or no priority.

DEFINITIONS OF A GUARDIANSHIP

1. Court - A probate court of this state.
2. Court Representative - A person appointed in a guardianship or protective proceeding who is trained in law, nursing, or social work, is an officer, employee, or special appointee of the Court, and has no personal interest in the proceeding.
3. Guardian ad litem - An attorney appointed to represent the interest of the Ward.
4. Disability - Cause for a protective order as described.
5. Estate - Includes the property of the person whose affairs are in question.
6. Guardian - A person who has qualified as a guardian of a minor or incapacitated person pursuant to parental or spousal nomination or court appointment and includes a limited guardian but exclude one who is merely a guardian ad litem.
7. Incapacitated Person - Any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, physical or mental infirmities accompanying advance age, chronic use of drugs, chronic intoxication, or other cause (except minority) to the extent of lacking sufficient understanding or capacity to make or communicate responsible decisions.
8. Letters - Document which shows the powers of the Guardian.
9. Minor - A person who is under 19 years of age and has not otherwise had the disabilities of minority removed.
10. Petition - A written request to the court for an order after notice.
11. Proceeding - Includes action at law and suit in equity.
12. Protected Person - A minor or other person for who a protective order has been made.
13. Ward - A person for who a guardian has been appointed. A "minor ward" is a minor for whom a guardian has been appointed solely because of minority.
14. General powers and duties of a guardian - A guardian of an incapacitated person is responsible for health, suuport, education, or maintenance of the ward, but is not liable

to third persons by reason of that responsibility for acts of the ward.

15. Termination of Guardianship - The authority and responsibility of a guardian of an incapacitated person terminates upon the death of the guardian or ward, the determination of incapacity of the guardian, reaching the age of majority of a minor, or removal or resignation. Termination does not affect a guardian's liability for prior acts.
16. Removal or Resignation of a Guardian; Termination of Incapacity - On petition of the ward or any person interested in the ward's welfare or on its own motion, the Court, after hearing may remove a guardian if to do so is in the best interest of the Ward. On petition of the guardian, the Court, after hearing, may accept a resignation. The ward or any person interested in the welfare of the ward may petition for an order that the ward is no longer incapacitated and for termination of the guardianship. (There may be a minimum period not to exceed one year for an order.) Documentation must be submitted to support the Termination of Incapacity.
17. Successor Guardian - Upon removal, resignation, or death of the guardian, or if the guardian is determined to be incapacitated, the Court may appoint a successor guardian and make any other appropriate order. Before appointing a successor guardian, or ordering that a ward's incapacity has terminated, the Court shall follow the same procedures to safeguard the rights of the ward that apply to a petition for appointment of guardian.
18. Caveat - When the Court makes the appointment of a guardian for an incapacitated person, the Court has a duty "to exercise its authority...so to encourage the development of self-reliance and independence of the incapacitated person."

DUTIES OF A GUARDIAN

1. To "become or remain personally acquainted" with the ward
2. To "take reasonable care" of the ward and to "commence proceedings for conservatorship if necessary"
3. To "apply available money for current needs for health, support, education and maintenance"
4. To "report the condition of the ward" to the Court
5. To take custody of the ward and establish and abode, if necessary
6. To consent to medical care, with a standard comparable to that of a parent
7. To consent to marriage or adoption of the ward, if applicable
8. To delegate certain responsibilities to the ward based on a standard of "reasonable under all of the circumstances"
9. To "conserve excess money"
10. " To receive money under the facility of payment"
11. To compel payment of support
12. To encourage and admonish the ward to develop maximum self-reliance

Duties of a Guardian of the Person

#1: Advocate for the Ward

- > **Visit Regularly**
 - : **At least** once a month and return calls from facilities promptly.
- > **Meet the Ward's Needs**
 - : Make **all decisions** for the Ward (residential, medical , and financial.
 - : Ensure that the Ward is safe and free from abuse or neglect.
 - : As a Guardian, you **cannot** place the Ward in an in-patient psychiatric hospital or delegate your responsibilities to others.

#2 Submit Annual Report

The Guardian of the Person's Annual Report reports the Ward's condition to the Court. When completing the report, remember:

- > **The report is REQUIRED BY LAW**
- > **Provide as many details as possible**
- > **Complete and mail to Probate Court**

#3: Report Change of Address

The Court needs the current address and phone number for both the Ward and the Guardian.

- > **If Ward or Guardian Moves:**
 - : Complete Change of Address form
 - : Contact the Court at (334) 677-4719 to report address change

#4: Submit Final Report

- > **To be filed if a minor Ward turns 19 years old**
 - > **To be filed if the ward dies**
 - > **Include a copy of the death certificate**
 - > **Complete and mail Final Report to Probate Court**
- * If you do not have a Final Report Form, contact the Court at (334) 677-4719 and one will be sent to you.

WARD'S PERSONAL INFORMATION

NAME OF WARD _____

> Residence of Ward

Location: _____

Address: _____

Phone No.: _____

** If residential information changes please inform the Court by using the Change of Address Form**

> Primary Doctor

Name: _____

Phone No.: _____

> Psychiatrist/Psychologist

Name: _____

Phone No.: _____

> Social or Other Case Worker

Name: _____

Phone No.: _____

> Dentist

Name: _____

Phone No.: _____

> Other

Name: _____

Phone No.: _____

Guardian's Contact with Ward

A chart to help you keep track of when you visit or call the Ward.

<u>Date</u>	<u>Personal Visit or Phone Call</u>	<u>Notes</u>
	<input type="checkbox"/> Personal Visit <input type="checkbox"/> Phone Call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with?: _____	
	<input type="checkbox"/> Personal Visit <input type="checkbox"/> Phone Call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with?: _____	
	<input type="checkbox"/> Personal Visit <input type="checkbox"/> Phone Call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with?: _____	
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	<input type="checkbox"/> Personal Visit <input type="checkbox"/> Phone Call to Ward <input type="checkbox"/> Phone call to a staff member about the Ward Who did you speak with?: _____	

I HAVE MOVED!!

NEW ADDRESS FOR : ___ Guardian ___ Ward

Name: _____

Address: _____

Phone No.: _____

Name of Ward _____

RESOURCES:

This section contains resources for your own personal use. These are simply suggestions and extra information pulled together to help guide you when making decisions that affect the Ward. Certainly all the answers are not found in this section, but hopefully it can be a place to start.

How to Include the Ward in Decision Making

A Guardian should consider the Ward's thoughts and feelings when making a decision for the Ward.

When discussing the situation with the Ward, a Guardian should:

1. Talk with (not at) the Ward.
2. Listen carefully to what the Ward is saying and trying to communicate.
3. Remember that the Ward is an adult and should be given the respect that an adult deserves.
4. Avoid talking about the Ward with others as though the Ward is not present.

ALWAYS REMEMBER:

It is the DUTY and RESPONSIBILITY of the Guardian to make a final decision that is appropriate and in the best interests of the Ward, even if the Ward disagrees with the decision.

Making Medical Decisions

It is the Guardian's responsibility to make decisions based on the Ward's needs. Medical decisions can be very hard to make. The well being and comfort of your ward, and perhaps your Ward's life, depends on making the right choice.

Talking to the Doctor: Insist on Clarity

Doctors often use vague language when explaining the risks and benefits associated with the treatment options. It is the responsibility of the doctor to inform you in a clear and understandable manner so you can make an informed decision. Not all doctors do this, though. If the doctor is using words you do not understand, it is your responsibility as the Guardian to request clarification.

Vague language isn't very helpful in making a decision for your Ward. For example, if a doctor tells you "complications are rare" or "we anticipate successful results," ask that those statements be explained in a manner that you can understand. Complications might be rare, but what does the doctor consider "successful"? Does it mean the Ward will be able to run after knee surgery or does it mean the Ward will have less pain? These are important distinctions.

Questions to ask the Doctor

- * What is the proper name of the procedure and what does it mean?
What are the risks?
- * What is the expected outcome of the procedure?
- * What are other possible outcomes of the procedure?
- * Why is it being done now instead of later?
- * Who will perform the procedure? Does the procedure require a specialist and does the person performing the procedure have the expertise?
- * Has there been consultations with other doctors? If so, who?
- * How does the Ward's disability interfere with performing the procedure? Has the doctor planned for this?
- * What care is required after the procedure?
- * How long is recovery? Will there be discomfort?
- * How will any medications affect the Ward's activities, appetite?

Take Time to Research All the Options

Too often medical decisions are made under pressure. It is important for the Guardian to know that, although convenient for the schedule of the doctor, making decisions on the spot may be inappropriate. It is rare that an illness requires action (unless it is an emergency).

It may be safe to postpone the decision for a few days or longer in order to weigh all the options. When a doctor (or anyone else) insists on a quick decision, ask if your Ward's life is in jeopardy if the decision is delayed a few days. If not, use the time to become more familiar with the situation and the options so the best medical decision can be made. You may also consider seeking a second opinion.

10 Questions to Ask about All Medications

1. What is the name of the medication and what is it suppose to do?
2. When and how is it taken? With Water? Food? Empty Stomach?
3. How long should it be taken? Are there refills?
4. Does this medication contain anything that could cause an allergic reaction?
5. Will this medication interact with any other medications currently taken?
6. Will this medication affect day to day activities?
7. What should be done if one or more dose of medication is forgotten?
8. Will there by any side effects? What should be done if adverse side effects are experienced?
9. Is a generic version of this product available?
10. What is the best way to store this medication?

TIPS FOR INTERVIEWING PERSONAL CARE/ASSISTED LIVING FACILITIES

- * Ask specific questions regarding location.
- * Ask about the cost. Do they have a daily or monthly rate? If private pay, can Medicare or Medicaid be applied?
- * What services are included? Such as: number of meals per day, snacks, laundry, housekeeping, social activities, transportation.
- * What is the capacity of residents for this facility?
- * How long Facility has been in business?
- * Do they provide references?
- * What are the credentials of employees (RN, LPN, Nurse's Aide)?
- * Are the employees licensed? Who licenses them?
- * Do home health providers service residents?
- * Who furnishes the room?
- * Are short-term stays okay (respite care and cost)?
- * Who provides respite for the service providers?

MOST IMPORTANTLY, visit the Facility yourself! It is okay to call and ask some questions over the phone, but follow up with personal visits.

CHECKLIST FOR SELECTING PERSONAL CARE/ASSISTED LIVING FACILITIES

Finding the appropriate residence for your Ward can be stressful. This checklist was designed to make the researching process a little easier for you. It suggests things to look for in a nursing home, nursing home staff, and comfortable living environment for your Ward.

<u>Does the Staff:</u>	Yes	No	Comments
know the residents by name?			
respond quickly to calls for assistance?			
treat residents with courtesy and respect?			
knock and wait for a response before entering room?			
close doors and curtains for privacy of changing, bathing treatments?			
have adequate help to serve meals and with feeding in a timely manner, both in private and in dining rooms?			
have adequate help to assist in bathing, dressing and attending to other resident needs?			

<u>The Facility:</u>	Yes	No	Comments
is the outside clean in good repair?			
are outside areas accessible to residents, not just "pretty?"			
is the inside clean, in good repair and free of odors?			
are bedrooms furnished with appropriate equipment and with resident's personal items?			
are there areas for private conversations and phone calls?			
is the home accessible with handrails in the hall and grab bars in the hall?			
are there door alarms on all exits?			
are there smoke alarms and detectors?			

is there an emergency lighting system?			
are warning signs displayed for wet floors?			
are resident's rights clearly posted and observed by staff?			
are visiting hours clearly posted?			
is the smoking policy posted?			
is the menu clearly posted and followed?			
are current licenses on display?			
are there any complaints against the facility?			

Are the Residents:	Yes	No	Comments
clean, dressed and well groomed?			
up at reasonable times?			
interacting with staff and each other?			
participating in a regular schedule of activities?			
receiving appropriate portions nutritious, and good-tasting meals?			
eating the majority of their meals?			
placed in restraints?			

Other Comments

Positive	Negative	Questions to Ask

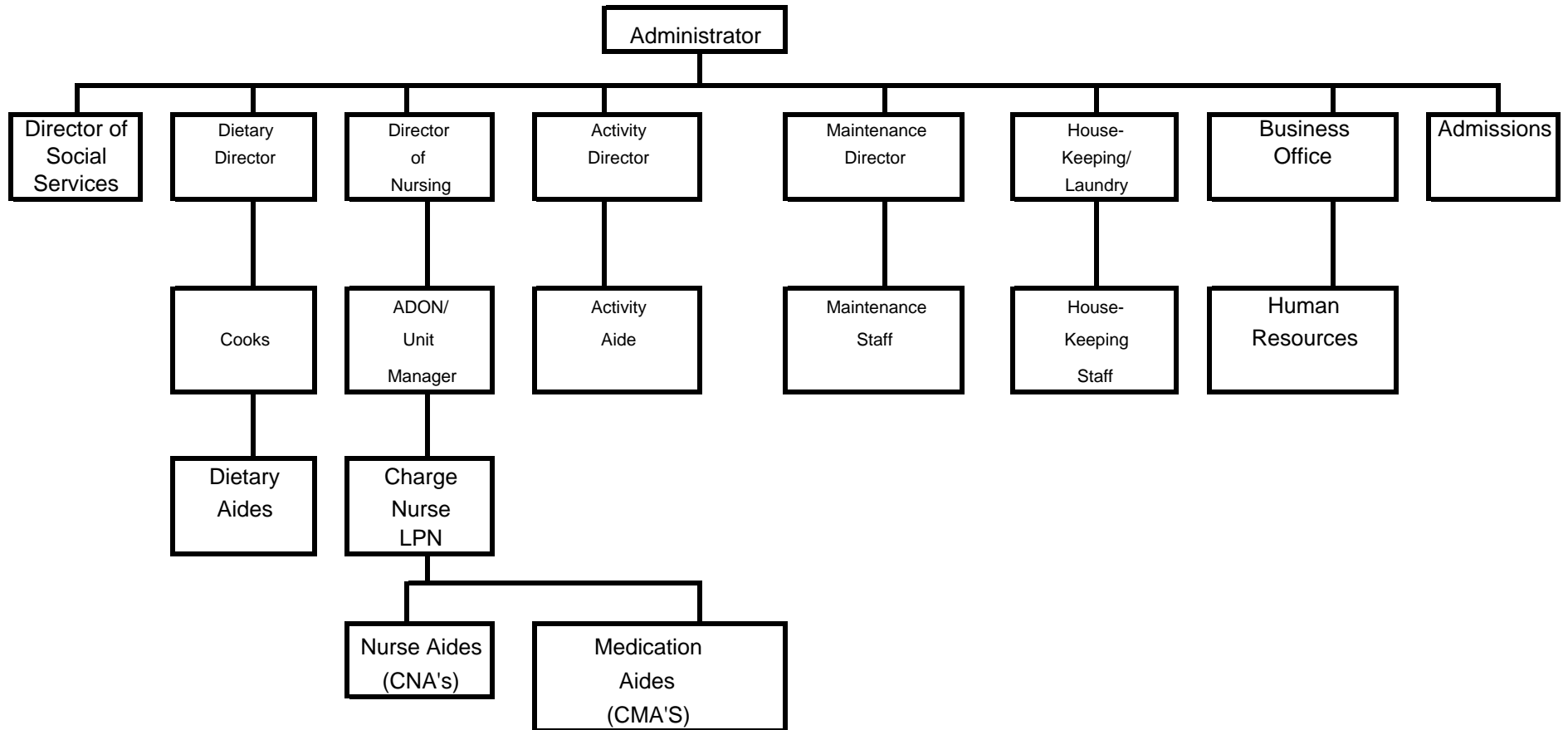
INDICATORS OF POOR CARE IN PERSONAL CARE/ASSISTED LIVING FACILITIES
--

The following are common indicators and complaints of residents living in long term care that may be helpful in identifying poor care, neglect, or abuse.

- * Unanswered call bells
- * Incorrect use of restraints (both physical and chemical)
- * Excessive use of restraints
- * Overly sedated residents
- * Not taken to the bathroom regularly or frequently
- * Frequent urinary tract infections
- * Urine and other body odors
- * Unsatisfactory Mouth Care (odors)
- * Men unshaven
- * Hair not combed
- * Fingernails/Toenails long and dirty
- * Eyeglasses and teeth locked away
- * Skin breakdown on buttocks, in skin folds, and creases
- * Not offering water to residents (dehydration)
- * Dry mouth, eyes sunken, very dry skin, speech problems
- * Unexplained confusion or drowsiness
- * No assistance with feeding leading to poor nutrition
- * Reddened areas that do not disappear
- * Poor staff training
- * Inadequate supervision of staff
- * Threats, rough handling, scolding

If any of these, or other unmentioned indicators are present, question residential staff, nursing staff, social worker/caseworker, etc. and ask what can be done to fix the situation. If after confrontation no action is taken, report conditions to appropriate authorities (see "Helpful Phone Number" in Section 2 of this handbook).

NURSING HOME CHAIN OF COMMAND



AREAS YOU MAY FIND YOURSELF ADVOCATING FOR THE WARD:

Freedom from Abuse or Neglect

Quality of Personal Care

Quality of Medical Care

Accessibility

Transportation

Access to Community Services

In-Home Care

Least Restrictive Placement

Educational and Vocational Services

Mental Health Services

Financial Benefits

If you find yourself in any of these situations and are unsure of what to do or would like some assistance, feel free to contact the Department of Human Resources at (334) 677-0400.

HELPFUL PHONE NUMBERS

Adult Day Care

Houston County Adult Day Care: (334) 794-7688

Wiregrass Adult Day Care: (334) 677-0047

Assisted Living Facilities

Gran's Home: (334) 7929718

Grubb's Extended Care: (334) 794-2628

Harmonie Home: (334) 792-9200

Live Oak Manor: (334) 792-4958

Queen Care: (334) 673-5636

Somerset Assisted Living Facility: (334) 6711-1176

Terrace at Grove Park: (334) 794-1000

Wesley Manor Assisted Living Facility: (334) 792-0921

Coroners and Medical Examiner

Robert Byrd: (334) 677-4877

Elderly Services

AIBD: (334) 677-6270

Department of Human Resources: (334) 677-0400

Human Resources Development Program: (334) 793-9044

In Home Services: (334) 793-4225

RSVP Program: (334) 793-9666

Funeral Homes

Allen Funeral Home: (334) 794-6759

Byrd Funeral Home: (334) 793-3003

Hammond Funeral Home: (334) 792-7913

Kent-Thornton Funeral Home: (334) 699-5273

Southern Heritage: (334) 702-1712

Unity Funeral Home: (334) 792-5169

Varner Memorial: (334) 671-1455

Ward Wilson: (334) 793-1117

Health Department

Houston County: (334) 678-2800

Home Health Agencies

CareSouth: (334) 793-5758

Home Care Services of Dothan: (334) 794-4955

Houston County Health Department Home Health Care: (334) 678-2805

Medical Center Home Health: (334) 794-0591

Hospitals

Southeast Alabama Medical Center (334) 793-8111
Flowers Hospital (334) 793-5000
Healthsouth Rehab Hospital (334) 712-6333

Immediate Care Facilities

Alfred Saliba Family Services: (334) 712-1542
First Med: (334) 793-9595
Nathanael Clinic: (334) 702-8872
PrimeCare: (334) 793-2120

Medicare

1-800-633-4227

Mental Health & Mental Retardation Services

Main Mental Health: # 1-800-789-2647
SpectraCare: (334) 794-0731

Nursing Homes

Extencicare Health Center: (334) 793-1177
Wesley Manor Methodist Home for the Aging: (334) 792-0921
Westside Terrace: (334) 794-1000

Other Community Resources

Administration on Aging: 1-800-677-1116
Covenant: (334) 794-7847
Sarcoa: (334) 793-6843 Legal Services
Wiregrass Hospice: (334) 792-1100

Police Department

Emergency 911
(334) 315-3000

Probate Court

Judge: Patrick H. Davenport (334) 677-4729
Chief Clerk: Susan Johnson (334) 677-4728
Administrative Secretary: Susie Robbins (334) 677-4792
Legal Supervisor: Joanne C. Griffin (334) 677-4719

Sheriff's Department

(334) 677-4882

Social Security

1-800-234-5772

Transportation

Senior Care-A-Van: (334) 793-4225 (free services on Tuesday & Thursday)

Wiregrass Transit Authority System: (334) 794-4093

Unbudsman

Sarcoa: (334) 793-6843 (person to contact to investigate facilities)

Veterans

1-800-827-1000

Local: (334) 677-4749

VA Hospital in Tuskegee: (334) 727-0550

VA Hospital in Birmingham: (205) 933-8101

VA Hospital in Montgomery: (334) 272-4670

VA Hospital in Tuscaloosa: (205) 554-2000

FORMS

This section contains copies of the legal forms you will use and file as a Guardian.

Guardian of the Person's Annual Report

The Guardian of the Person's Annual Report is the form you will submit ***annually*** to the Court describing specific details about the location and conditions of the Ward. A Guardian of the Person's Annual Report will be mailed to you each year during the month of your anniversary date. Simply fill out the report, sign it, and mail it back to the Probate Court. Failure to submit a Guardian of the Person's Annual Report may result in termination of Guardianship.

Declaration of Guardian in the Event of Later Incapacity or Need of Guardian

The Declaration of Guardian in the Event of Later Incapacity or Need of Guardian is a form you to use inform the Court of who you would like to be your successor Guardian in the case that you should die or become incapacitated.

The completion of this form is ***not mandatory***, but it will make finding a successor Guardian for your Ward much easier if anything were to happen to you. Please fill out this form and submit it to the Probate Court at your convenience.

Guardian of the Person's Final Report

The Guardian of the Person's Final Report is a form to submit to the Court when the Ward dies or turns 19 years of age. This terminates your responsibilities as a Guardian.

If you have questions concerning these forms contact Probate Court at
(334)677-4719.

THE GUARDIANSHIP OF

IN HOUSTON COUNTY, ALABAMA

CASE NO: _____

**GUARDIAN OF THE PERSON'S ANNUAL REPORT ON THE
CONDITION OF AN ADULT INCAPACITATED PERSON**

Instructions: Please complete the report as thoroughly as possible. Place a check mark in the appropriate boxes and give details when necessary. Please do not leave blanks. If you are unsure of the information or the information is not available please indicate accordingly. When completed, please return this report to the Probate Court as soon as possible.

A. INFORMATION ABOUT INCAPACITATED PERSON (WARD)

1. Ward's Name: _____
2. Age: _____ Date of Birth: _____
3. Incapacity:
_____ Mental Retardation _____ Chronic Mental Illness _____ Head Injury _____ Stroke
_____ Alzheimer's Dementia _____ Other: (describe) _____
4. Residence is: _____ Guardian's Home _____ Ward's Home _____ Nursing Home
5. Name of residence (if Applicable): _____
Address: _____
Phone Number (if any): _____
6. List date Ward moved to present residence: _____
7. Has Ward changed residences within last 12 months: _____ Yes _____ No
If 'Yes', state the reason for the move: _____

B. INFORMATION ABOUT GUARDIAN OF THE PERSON

1. Guardian's Name: _____
2. Address: _____

3. Has the Guardian's address changed in the last year? _____ Yes _____ No
4. Home Phone No.: _____ Work Phone No. _____
5. Relationship to Ward: _____ Family (Relation _____) _____ Friend
_____ No Relation (Volunteer)

C. VISITATION/PHONE CONTACT

1. Does Does Not live with Guardian.
(If the Ward 'does' live with the Guardian, you may skip the rest of section 'C')
2. List date of your last personal visit _____
If you have not visited the Ward frequently, have you had telephone contact? Yes No
3. How often is telephone contact: _____
4. List date of last telephone contact: _____
5. Who is the main telephone contact? _____

D. INFORMATION ABOUT WARD'S MEDICATION

1. During the past year, Ward's **mental health** has:
 Remained the same Improved Deteriorated
Describe: _____

2. During the past year, Ward's **physical health** has:
Describe: _____

3. During the past year, Ward has been treated or evaluated by the following:
Physician's Name: _____
Describe: _____
Psychiatrist's or Psychologist's Name: _____
Describe: _____
Social or other Case Worker's Name: _____
Describe: _____
Dentist's Name: _____
Describe: _____
Other Name: _____
Describe: _____
4. Does Ward have a primary doctor? Yes No
Primary Doctor's Name: _____
Address: _____
Telephone: _____
5. I believe my Ward has the following unmet medical needs: _____

6. What is being done to address these unmet needs? _____

E. INFORMATION ABOUT WARD'S SOCIAL CONDITIONS

1. During the past year, ward engaged in the following activities: (Describe)
 Recreational: _____
 Educational: _____
 Social: _____
 Occupational: _____
 None Available: _____
 Ward refuses or is unable to participate: _____
2. What accomplishments, successes, goals, if any has the Ward achieved this year? _____

3. I believe my Ward has the following **unmet social needs**: _____

4. What is being done to address these unmet needs? _____

F. INFORMATION ABOUT WARD'S LIVING CONDITIONS

1. I rate my Ward's living arrangements as: (check one)
 Excellent Average Below Average
If 'Below Average' is marked, please explain: _____

2. I believe my Ward is: Content Unhappy with his /her living arrangements.
3. I believe my Ward has the following **unmet basic needs**: _____

4. What is being done to address these unmet needs? _____

G. INFORMATION ABOUT WARD'S ASSETS AND INCOME

1. Does the Ward have a Conservator of the Estate? Yes No
2. Does the Ward have a Trust Account? Yes No
3. Does Ward receive Supplemental Security Income (SSI) Yes No
If "Yes," how much per month? \$ _____
List name of Payee: _____
4. Does Ward receive Social Security benefits? Yes No
If "Yes," how much per month? \$ _____
List name of Payee: _____

5. List source and amount of any other benefits you receive on Ward's behalf: _____

6. List any assets of Ward, other than personal effects, that you possess and that you have not listed on Guardian of the Estate's Annual Account: _____

7. Do you handle Ward's assets using a Power of Attorney? _____ Yes _____ No
If "Yes," please attach a copy of Power of Attorney to this Annual Report.

H. ADDITIONAL INFORMATION

1. Has Ward regained capacity to make decisions as would a reasonable prudent person in any of the areas over which you have been given power to make decisions for Ward as Guardian?
_____ Yes _____ No
If "Yes," please describe: _____

2. My **powers** as Guardian should:
_____ Remain the same
_____ be decreased as follows: _____
_____ be increased as follows: _____
3. I believe the Court should be aware of the following **additional information** that concerns my Ward: _____

****NOTE:** Please attach a **recent photograph** of the Ward to this Annual Report**

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

Dated this _____ day of _____, _____.

Signature of Guardian

Signature of Co-Guardian (if applicable)

CASE NO: _____

DECLARATION OF GUARDIAN IN THE EVENT OF LATER INCAPACITY
OR NEED OF GUARDIAN

I, _____, make this Declaration of Guardian, to operate if the need for a guardian for my adult/minor ward, _____, later arises. (**Choose one**)

1. I designate _____ to serve as Guardian of the Person.
 - A. I designate _____ to serve as First Alternate Guardian of the Person.
 - B. I designate _____ to serve as Second Alternate Guardian of the Person.
 - C. I designate _____ to serve as Third Alternate Guardian of the Person.
2. I designate _____ to serve as Guardian of the Estate.
 - A. I designate _____ to serve as First Alternate Guardian of the Estate.
 - B. I designate _____ to serve as Second Alternate Guardian of the Estate.
 - C. I designate _____ to serve as Third Alternate Guardian of the Estate.
3. If any Guardian or Alternate Guardian dies, resigns, or fails to qualify, the next named

alternate becomes Guardian.

4. I expressly **disqualify** the following persons from serving as Guardians of the Person:

5. I expressly **disqualify** the following persons from serving as Guardians of the Estate:

SIGNED THIS _____ day of _____, _____.

Declarant

Witness

Witness

SELF-PROVING AFFIDAVIT

BEFORE ME, the undersigned authority, on this date personally appeared the Declarant _____, and _____ and _____ as Witnesses, and all being duly sworn, the Declarant stated that the above instrument was his/her Declaration of Guardian and that the Declarant had made and executed it for the purposes expressed therein. The Witnesses each stated that they were over the age of 19 years, that they saw the Declarant sign the instrument, that they signed the instrument as Witnesses in the presence of the Declarant, and that the Declarant appeared to them to be of sound mind.

SUBSCRIBED AND SWORN TO BEFORE ME by the above-named Declarant and Witnesses on the _____ day of _____, _____.

Notary Public in and for the state of: _____
My commissions expires: _____

NOTE: File only upon death of incapacitated person.

IN THE MATTER OF THE ESTATE OF _____,
AN INCAPACITATED PERSON

*
*
*
*

IN THE PROBATE COURT OF
HOUSTON COUNTY, ALABAMA
CASE NO: _____

**GUARDIAN'S MOTION TO DISMISS
AND FINAL REPORT**

Comes now _____, Guardian, of the Incapacitated Person and hereby moves this Honorable Court to dismiss this case based on lack of jurisdiction due to the death of the Incapacitated Person.

I represent that I am the guardian of the above named Incapacitated Person (Ward) and that my Final Report to the Court is as follows:

The Ward died on _____ (date of death).

1. The Ward died at _____ (place of death). Please attach death certificate if available.
2. Did the Ward have a Will? Yes or No. Has a personal representative been appointed? Yes or No.
3. If yes, list name: _____
Address: _____
telephone number _____.
4. Is any of the Ward's person property still in your possession? Yes or No. If no, to whom did you distribute the Ward's personal property?
Name: _____
Address: _____
Telephone _____

PETITIONER'S SIGNATURE

ADDRESS

CITY/STATE/ZIP CODE

EMAIL ADDRESS

TELEPHONE NUMBER

ORDER GRANTING MOTION

The Motion of the Petition having been considered, it is the opinion of the Court that the said Motion should be granted, it is therefore ORDERED that the Guardianship shall be dismissed without prejudice.

This ____ day of _____, _____.

PATRICK H. DAVENPORT
JUDGE OF PROBATE

THE GUARDIANSHIP OF

IN HOUSTON COUNTY, ALABAMA

CASE NO: _____

**GUARDIAN OF THE PERSON'S ANNUAL REPORT ON THE
CONDITION OF AN ADULT INCAPACITATED PERSON**

Instructions: Please complete the report as thoroughly as possible. Place a check mark in the appropriate boxes and give details when necessary. Please do not leave blanks. If you are unsure of the information or the information is not available please indicate accordingly. When completed, please return this report to the Probate Court as soon as possible.

A. INFORMATION ABOUT INCAPACITATED PERSON (WARD)

1. Ward's Name: _____
2. Age: _____ Date of Birth: _____
3. Incapacity:
_____ Mental Retardation _____ Chronic Mental Illness _____ Head Injury _____ Stroke
_____ Alzheimer's Dementia _____ Other: (describe) _____
4. Residence is: _____ Guardian's Home _____ Ward's Home _____ Nursing Home
5. Name of residence (if Applicable): _____
Address: _____
Phone Number (if any): _____
6. List date Ward moved to present residence: _____
7. Has Ward changed residences within last 12 months: _____ Yes _____ No
If 'Yes', state the reason for the move: _____

B. INFORMATION ABOUT GUARDIAN OF THE PERSON

1. Guardian's Name: _____
2. Address: _____

3. Has the Guardian's address changed in the last year? _____ Yes _____ No
4. Home Phone No.: _____ Work Phone No. _____
5. Relationship to Ward: _____ Family (Relation _____) _____ Friend
_____ No Relation (Volunteer)

C. VISITATION/PHONE CONTACT

1. Does Does Not live with Guardian.
(If the Ward 'does' live with the Guardian, you may skip the rest of section 'C')
2. List date of your last personal visit _____
If you have not visited the Ward frequently, have you had telephone contact? Yes No
3. How often is telephone contact: _____
4. List date of last telephone contact: _____
5. Who is the main telephone contact? _____

D. INFORMATION ABOUT WARD'S MEDICATION

1. During the past year, Ward's **mental health** has:
 Remained the same Improved Deteriorated
Describe: _____

2. During the past year, Ward's **physical health** has:
Describe: _____

3. During the past year, Ward has been treated or evaluated by the following:
Physician's Name: _____
Describe: _____
Psychiatrist's or Psychologist's Name: _____
Describe: _____
Social or other Case Worker's Name: _____
Describe: _____
Dentist's Name: _____
Describe: _____
Other Name: _____
Describe: _____
4. Does Ward have a primary doctor? Yes No
Primary Doctor's Name: _____
Address: _____
Telephone: _____
5. I believe my Ward has the following unmet medical needs: _____

6. What is being done to address these unmet needs? _____

E. INFORMATION ABOUT WARD'S SOCIAL CONDITIONS

1. During the past year, ward engaged in the following activities: (Describe)
 Recreational: _____
 Educational: _____
 Social: _____
 Occupational: _____
 None Available: _____
 Ward refuses or is unable to participate: _____
2. What accomplishments, successes, goals, if any has the Ward achieved this year? _____

3. I believe my Ward has the following **unmet social needs**: _____

4. What is being done to address these unmet needs? _____

F. INFORMATION ABOUT WARD'S LIVING CONDITIONS

1. I rate my Ward's living arrangements as: (check one)
 Excellent Average Below Average
If 'Below Average' is marked, please explain: _____

2. I believe my Ward is: Content Unhappy with his /her living arrangements.
3. I believe my Ward has the following **unmet basic needs**: _____

4. What is being done to address these unmet needs? _____

G. INFORMATION ABOUT WARD'S ASSETS AND INCOME

1. Does the Ward have a Conservator of the Estate? Yes No
2. Does the Ward have a Trust Account? Yes No
3. Does Ward receive Supplemental Security Income (SSI) Yes No
If "Yes," how much per month? \$ _____
List name of Payee: _____
4. Does Ward receive Social Security benefits? Yes No
If "Yes," how much per month? \$ _____
List name of Payee: _____
5. List source and amount of any other benefits you receive on Ward's behalf: _____

-
6. List any assets of Ward, other than personal effects, that you possess and that you have not listed on Guardian of the Estate's Annual Account: _____
-
7. Do you handle Ward's assets using a Power of Attorney? _____ Yes _____ No
If "Yes," please attach a copy of Power of Attorney to this Annual Report.

H. ADDITIONAL INFORMATION

1. Has Ward regained capacity to make decisions as would a reasonable prudent person in any of the areas over which you have been given power to make decisions for Ward as Guardian?
_____ Yes _____ No
If "Yes," please describe: _____
-
2. My **powers** as Guardian should:
_____ Remain the same
_____ be decreased as follows: _____
_____ be increased as follows: _____
3. I believe the Court should be aware of the following **additional information** that concerns my Ward: _____
-
-

****NOTE:** Please attach a **recent photograph** of the Ward to this Annual Report**

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

Dated this _____ day of _____, _____.

Signature of Guardian

Signature of Co-Guardian (if applicable)

NOTE: File only upon the Protected Person attaining the age of 19 or being emancipated.

IN THE MATTER OF THE ESTATE OF _____,
A PROTECTED PERSON
NOW 19 YEARS OF AGE OR EMANCIPATON

* IN THE PROBATE COURT OF
*
* HOUSTON COUNTY, ALABAMA
* CASE NO: _____
*

**GUARDIAN OF PERSON'S FINAL REPORT
AND MOTION TO DISMISS**

Comes now, _____, and hereby moves this Honorable Court to dismiss this case, and states as grounds as follows:

This court no longer has jurisdiction of this case due to the Ward reaching the age of majority or emancipation on the ____ day of _____, _____.

Dated this ____ day of _____, _____.

PETITIONER, SIGNATURE

ADDRESS

CITY/STATE/ZIP CODE

TELEPHONE NUMBER

ORDER GRANTING MOTION

The Motion of the Petition having been considered, it is the opinion of the Court that the said Motion should be granted, it is therefore ORDERED that the Guardianship shall be dismissed without prejudice.

This ____ day of _____, _____.

PATRICK H. DAVENPORT
JUDGE OF PROBATE

NOTE: File only upon death of incapacitated person.

IN THE MATTER OF THE ESTATE OF _____,
AN INCAPACITATED PERSON

*
*
*
*

IN THE PROBATE COURT OF
HOUSTON COUNTY, ALABAMA
CASE NO: _____

**GUARDIAN'S MOTION TO DISMISS
AND FINAL REPORT**

Comes now _____, Guardian, of the Incapacitated Person and hereby moves this Honorable Court to dismiss this case based on lack of jurisdiction due to the death of the Incapacitated Person.

I represent that I am the guardian of the above named Incapacitated Person (Ward) and that my Final Report to the Court is as follows:

The Ward died on _____ (date of death).

1. The Ward died at _____ (place of death). Please attach death certificate if available.
2. Did the Ward have a Will? Yes or No. Has a personal representative been appointed? Yes or No.
3. If yes, list name: _____
Address: _____
telephone number _____.
4. Is any of the Ward's person property still in your possession? Yes or No. If no, to whom did you distribute the Ward's personal property?
Name: _____
Address: _____
Telephone _____

PETITIONER'S SIGNATURE

ADDRESS

CITY/STATE/ZIP CODE

EMAIL ADDRESS

TELEPHONE NUMBER

ORDER GRANTING MOTION

The Motion of the Petition having been considered, it is the opinion of the Court that the said Motion should be granted, it is therefore ORDERED that the Guardianship shall be dismissed without prejudice.

This ____ day of _____, _____.

PATRICK H. DAVENPORT
JUDGE OF PROBATE