

**INSTRUCTION SHEET FOR COURT REPRESENTATIVE  
UNIFORM GUARDIANSHIP AND PROTECTIVE PROCEEDINGS ACT  
PROBATE COURT OF MORGAN COUNTY**

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**TO:** Court Representative

The authority for the Court to appoint a Court Representative is contained in Ala. Code §26-2A-102(b) 1975. Please note the following duties and responsibilities which are to be undertaken by the Court Representative and other information regarding the written report.

1. Interview the alleged incapacitated person.
2. Interview the petitioner(s).
3. Interview the person seeking to be the guardian.
4. Visit the residence of the alleged ward and the place at which it is proposed that the alleged ward will be detained or will reside if they are considering moving the proposed ward.
5. Submit to the Court a report in writing setting forth findings, recommendations and other information as may be appropriate on or before the date of the hearing. Copies of such report should also be forwarded to the attorney for the petitioner and the Guardian ad Litem.
6. NOTE: If the evidence supports a finding FOR the person being incapacitated, the Court will need to address whether said party is also mentally incompetent and should be removed from the voter records. You are to consider this additional issue and offer comments or recommendations as to same in your report. Please note the following definition for mental incompetency being used by the Court:

A mentally incompetent person is one whose mental faculties have become so impaired as to make him/her incapable of protecting him/herself or properly managing his/her property

7. Submit to the Court with the report a statement indicating the time spent in performing this service. If a person you should interview resides outside the Morgan County area, please consult with the Court in terms of the scope and extent of your assignment.

For information (names and places, etc.) and for the date of hearing, please refer to the attachments or contact counsel for the petitioner(s).

If you have any questions regarding this matter, please do not hesitate to contact the Court at 351-4676, 351-4679 or 351-4681.

Greg Cain, Judge of Probate

## COURT REPRESENTATIVE SUMMARY

**In the Matter of the Guardianship of**  
\_\_\_\_\_,  
an Alleged Incapacitated Person

**For Court Use Only**  
Court Case Number: \_\_\_\_\_

**Proposed Ward's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** ☐ M ☐ F

**Proposed Ward's Current Residence** \_\_\_\_\_

**I interviewed the Proposed Ward on** \_\_\_\_\_, 20\_\_\_\_ **at:** \_\_\_\_\_, **m.**

**Location of interview:** \_\_\_\_\_

**List any other person's name who was present at the interview:**

**List any medications the ward is currently taking:**

**List any known physical diagnosis, severity, prognosis and treatment:**

**List any known mental diagnosis, severity, prognosis and treatment:**

## QUESTIONS ABOUT THE ALLEGED INCAPACITATED PERSON

1. ☐ YES ☐ NO Has one of the following objective measures of cognitive functioning been administered?

- ☐ Mini Mental State Examination (MMSE)
  - i. The patient scored \_\_\_\_\_ out of a 30-point scale.
- ☐ Montreal Cognitive Assessment (MOCA)
  - i. The patient scored \_\_\_\_\_ out of a 30-point scale.
- ☐ Saint Louis University Mental Status (SLUMS) Examination
  - i. The patient scored \_\_\_\_\_ out of a 30-point scale.
- ☐ Neuropsychological or intelligence testing  
What type of testing was conducted and what were the findings of the test?

2. **Developmental Disability**

- ☐ YES ☐ NO Does the Proposed Ward have developmental disability?  
If "NO," skip to number 3 below.  
If "YES," answer the following questions:

Is the disability a result of the following? (Check all that apply)

- ☐ YES ☐ NO Intellectual Disability ?
- ☐ YES ☐ NO Autism?
- ☐ YES ☐ NO Permanent Brain Damage?
- ☐ YES ☐ NO Cerebral Palsy?
- ☐ YES ☐ NO Down Syndrome?
- ☐ YES ☐ NO Other? Please explain \_\_\_\_\_

3. The Proposed Ward was well groomed: ☐ YES ☐ NO
4. The Proposed Ward is oriented to the following (check all that apply):  
☐ Person ☐ Time ☐ Place ☐ Situation
5. Ward was able to communicate effectively: ☐ YES ☐ NO
6. Ward understood the purpose of the interview: ☐ YES ☐ NO
7. Ward has physical complaints: ☐ YES ☐ NO If yes, describe:

8. Ward's mood appeared stable: ☐ YES ☐ NO If no, describe:

9. Ward is aware of current events: ☐ YES ☐ NO If no, describe

10. The Proposed Ward has a deficit in the following areas (check all areas in which Proposed Ward has a deficit):

- ☐ Short-term memory
- ☐ Long-term memory
- ☐ Immediate recall
- ☐ Understanding and communicating (verbally or otherwise)
- ☐ Recognizing familiar objects and persons
- ☐ Solving problems
- ☐ Reasoning logically
- ☐ Grasping abstract aspects of his or her situation
- ☐ Interpreting idiomatic expressions or proverbs
- ☐ Breaking down complex tasks down into simple steps and carrying them out

11. Ward voiced irrational beliefs, fears or paranoia ☐ YES ☐ NO

12. Ward voiced suicidal ideations: ☐ YES ☐ NO

13. Ward voiced homicidal ideations: ☐ YES ☐ NO

14. Ward appeared to be hallucinating: ☐ YES ☐ NO

15. Ward appeared to be in a state of delusion: ☐ YES ☐ NO

16. Ward is able to take his/her medication with no assistance: ☐ YES ☐ NO

17. Ward is able to ambulate with no assistance: ☐ YES ☐ NO

18. Ward voiced feeling safe and secure in present situation: ☐ YES ☐ NO

19. Ward voiced a desire to have a guardian/conservator appointed: ☐ YES ☐ NO

20. Ward is able to give a general description of personal estate: ☐ YES ☐ NO

21. Ward is able to give a general description of real estate (owned property):  
☐ YES ☐ NO

22. Ward is able to Attend to basic activities of daily living (ADLs) (e.g., bathing, grooming, dressing, walking, toileting) without supports and services) ☐ YES ☐ NO
23. Ward is able to Attend to instrumental activities of daily living (e.g., shopping, cooking, traveling, cleaning) ☐ YES ☐ NO
24. Is ward's condition expected to deteriorate? ☐ YES ☐ NO; explain

### **QUESTIONS CONCERNING LIVING CONDITIONS**

**1. *Condition of current residence:***

2. If the ward is not currently living in their own residence does the proposed ward have a private room: ☐ YES ☐ NO If "No" is the roommate appropriate for the ward?

3. The ward voices satisfaction with the living conditions: ☐ YES ☐ NO
4. The ward is provided with appropriate food and nutritional service: ☐ YES ☐ NO
5. The ward voices feeling comfortable with surroundings: ☐ YES ☐ NO
6. The ward voices satisfaction with level of care: ☐ YES ☐ NO
7. The residence has appropriate heating and air conditioning: ☐ YES ☐ NO
8. The residence appears clean and well kept: ☐ YES ☐ NO
9. The residence is free of offensive odors: ☐ YES ☐ NO
10. The residence appears to meet reasonable standards of habitability: ☐ YES ☐ NO
11. The residence is furnished in a manner appropriate to the ward's needs: ☐ YES ☐ NO

12. The proposed guardian is planning on moving the ward? ☐ YES ☐ NO

If "Yes", please answer questions 13-19

13. If the ward is being moved from their current residence what is the address of the proposed residence for ward:

14. *Condition of proposed residence:*

Check the appropriate answer to the following:

15. Proposed residence is: Private residence Nursing home Assisted living Other

16. Resident will live with: Independently Family members Paid caretakers Other

17. Proposed residence is the choice of the ward: ☐ YES ☐ NO

18. Proposed residence is the recommendation of a physician: ☐ YES ☐ NO

19. Proposed residence is the preference of family members: ☐ YES ☐ NO

*List of people interviewed other than the petitioner, and their connection or relationship to the ward:*

*Necessity of a Protective Order:*

1. Does ward appear to be in need of a guardian/conservator? ☐ YES ☐ NO

2. If ward needs a guardian/conservator, should the powers be limited? ☐ YES ☐ NO

if yes, explain:

**PROPOSED GUARDIAN/CONSERVATOR INTERVIEW:**

1. Name of proposed guardian/conservator: \_\_\_\_\_
2. What is the relationship between proposed guardian/conservator (GC) and ward?  
\_\_\_\_\_
3. Does proposed GC live in Morgan County? ☐ YES ☐ NO ; if no, specify the location:  
\_\_\_\_\_
4. If GC resides in Morgan County, do they intend to remain here? ☐ YES ☐ NO;  
If no, explain:
5. Does proposed GC intend to bring the ward into their home? ☐ YES ☐ NO
6. Does proposed GC intend to place ward into an assisted living or nursing home? ☐ YES  
☐ NO If YES where \_\_\_\_\_
7. Does proposed GC have caretaking experience? ☐ YES ☐ NO; if yes, explain:
8. Does proposed GC have a general knowledge of the ward's diagnosis and medication?  
☐ YES ☐ NO
9. What are your observations regarding the possibility of the appointment of the proposed GC?

10. *Additional observations:*

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
Court Representative