

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

In the District Court of _____ County, Utah

Court Address _____

In the Matter of Protection for _____ Protected Person	Visitor's Report on the Protected Person's Well-being _____ Case Number _____ Judge
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(1) Scope. The court appointed me to inquire about the protected person's well-being and to report to the court.

During my inquiries, I: (Choose all that apply.)

interviewed the Protected Person;

interviewed the Guardian;

interviewed _____;
(name and relationship to Protected Person)

visited the Protected Person's residence;

made the following other inquiries:

(2) Information about the Protected Person.

(A) The Protected Person lives at:

_____ Address

_____ City, State, Zip

(B) The Protected Person lives:

Alone

Licensed facility _____ (name)

Other _____ (describe)

With

Name	Relationship to the Protected Person
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Unable to determine

(3) Protected Person's values and preferences

Is the Protected Person satisfied with their:

	Yes	No	Unable to determine
Living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical and personal care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What does the Protected Person want to change?

(A) Does the Protected Person want a Guardian?

Yes No Unable to determine

If yes, who does the Protected Person want to be Guardian? _____

(B) Are there activities the Protected Person wants to maintain or avoid?

(C) Are there relationships the Protected Person wants to maintain or avoid?

(D) Are there religious or cultural traditions or practices that the Protected Person wants to maintain or avoid?

(E) Are there any other preferences that the Protected Person has expressed?

(8) Protected Person's relationships and responsibilities

(A) Name of the Protected Person's spouse, partner, children, dependents or others with whom the Protected Person has a significant relationship.

Name	Relationship to the Protected Person	Name	Relationship to the Protected Person

(B) Describe any of the Protected Person's relationships that the guardianship is disrupting in ways that the Protected Person would not have chosen.

(C) Describe any of the Protected Person's responsibilities that the guardianship is disrupting in ways that the Protected Person would not have chosen.

(D) Describe any people or circumstances that the Protected Person needs to be protected from.

(9) The Guardian's current contact information is:

Address

City, State, Zip

Phone

Email

_____ Sign here ► _____
Date

Typed or Printed Name _____

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Protected Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
(Interested Person or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ►

Date

Typed or Printed Name