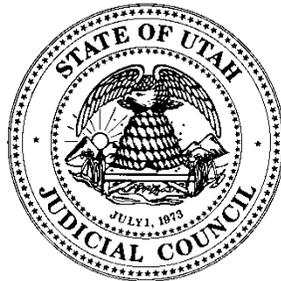




Utah State Courts

Volunteer Court Visitor Program
Auditing Court Records



September 1, 2012

(1) Acknowledgments

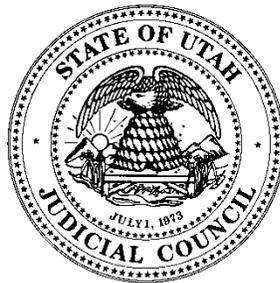
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Contributors to that manual are not included here.

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(2) Message from the chief justice

Congratulations on becoming a court visitor, and thank you. You have embarked on what I hope will be a personally rewarding experience. You will be helping the court to appoint and monitor guardians of incapacitated adults. Your contribution of time and effort will make a real difference to the court, to the guardians responsible for vulnerable adults, and to the vulnerable adults themselves.

The court has prepared this series of manuals to introduce you to the world in which people under guardianship live and to serve as a continuing resource as you do your work.

Your contributions will improve the lives of incapacitated adults in our community, provide information on which the judge can base decisions, teach guardians to perform their duties with integrity, and protect incapacitated adults from abuse, neglect and exploitation.

The Utah courts value your important contributions. Again, thank you.

A handwritten signature in black ink, appearing to read 'Matthew B. Durrant', with a long horizontal line extending to the right.

Matthew B. Durrant
Chief Justice, Utah Supreme Court
Presiding Officer, Utah Judicial Council

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(3) Role of the court visitor

The objective of a guardianship is to protect a person who is incapacitated: protect them from themselves; protect them from the outside world; and protect them from the guardian. In most cases, everything is fine, but in others the person who is supposed to be protected is being harmed or is at risk of being harmed. Ultimately it may take in-person interviews and court hearings to reach a sound conclusion about whether there are problems. But the process can start with a volunteer court visitor reviewing the court records for warning signs.

This includes the protected person's health and well being:

- Is the protected person's residence appropriate?
- Is the level of supervision appropriate?
- Are any physical and mental health problems being addressed?
- Are there signs of neglect or abuse, including self-abuse?
- Is the guardian acting within the scope of their authority? Or infringing on the rights retained by the protected person?

And it includes the protected person's property:

- Is the protected person's property being properly managed?
- Are there signs of financial exploitation?
- Are the protected person's bills paid on time?
- Is the protected person's income being collected and used for the protected person's benefit?
- Are financial assets safely invested?
- Are real property and personal property safe?

Hints of these and other problems can show up in the annual reports filed by the guardian and in other case records. The volunteer court visitor's role is to review the documents in the court records, and to report whether those hints are present. The visitor is something of a detective looking for clues in the records. The records will tell a story; the visitor's role is to listen to that story and evaluate it.

Just because there is a hint of a problem does not mean that there is a problem. So it will be up to the judge, not the visitor, to decide whether to conduct any further investigation. The judge might assign a volunteer court visitor to interview the protected person and others, inquiring about the protected person's well being. The judge might compel the guardian and others to come to court so the judge can ask questions. Or the judge might conclude that there is not enough evidence to warrant further inquiries.

(4) The records

Most guardians are required to file with the court an inventory of the protected person's estate. The inventory is due within 90 days after the appointment. The inventory describes the protected person's estate—financial assets and real and personal property—that the guardian will be responsible for.

Most guardians must also file with the court two annual reports. The annual status report tells the court about the protected person's circumstances and well being. The annual financial report tells the court about changes occurring in the protected person's estate since the inventory or since the last annual report. The reports are due on the anniversary of the guardian's appointment. The guardian can ask the court to change that date to a more convenient date, often coinciding with federal and state income tax reporting.

Some guardians do not have to file an inventory or annual reports unless ordered by the court to do so:

- The guardian of an adult does not have to file an inventory, a status report or a financial report if the guardian is the parent of protected person.
- The guardian of a minor does not have to file an inventory or a financial report if the minor does not have an estate or if the minor's estate is deposited in an account which requires the court's approval for withdrawal. The guardian must still file an annual status report.
- The guardian of a minor does not have to file a status report if the purpose of the guardianship is so the minor can attend school in the guardian's school district. The guardian must still file an inventory and an annual financial report, unless the minor does not have an estate or the minor's estate is deposited in an account which requires the court's approval for withdrawal.
- The guardian of an adult or a minor does not have to file the inventory or annual financial report if the court has appointed a separate conservator.

See [Code of Judicial Administration Rule 6-501](#), [Section 75-5-312\(2\)\(e\)](#) and [Section 75-5-417\(5\)](#). The lack of reports does not mean that a volunteer court visitor cannot investigate the case, only that there will be fewer records to consider.

The court records will also include a petition to appoint a guardian, findings of fact, conclusions of law, and the court order making the appointment. There will also be a variety of documents supporting the appointment and perhaps opposing the appointment. The annual reports will summarize the protected person's changing and current circumstances. The documents filed at the beginning of the case and during its early stages will tell of the circumstances first presented to the court.

The clerk of court will have kept a register of actions, which is also known as a docket. The clerk records in the docket the documents that are filed and the hearings that are held and when those events take place. The clerk also summarizes the decisions made at the hearings and records other notes that show the history of the case.

The visitor can review all of these records. Since the visitor may need to review the entire court record or a major part of it, and since the court records cannot leave the courthouse, all of the review will have to be done at the courthouse. The clerk of the court can provide the visitor with access to the records and a workspace.

(5) Reviewing the records

(a) Which cases?

Sometimes the judge or clerk will have identified a particular case which they believe may have some problems. In which case, the visitor will investigate that case, focusing on any issues that may have been identified. Or perhaps the judge or clerk has selected several cases randomly or wants the visitor to select several cases randomly. No one is aware of any specific problem, but periodic review increases the level of confidence the court puts in the guardian.

(b) Early records: Petition through order of appointment

Do not ignore the early records but recognize that they tell a story of events that have already happened. What was the nature of the incapacity that prompted the guardianship? Who were the participants and interested persons at that time? What authority did the court give the guardian? Were there restrictions on that authority?

(c) Reports: Inventory and annual reports

Within 90 days after the guardian is appointed, the guardian must file an inventory of all of the protected person's property, sometimes called the estate. This includes real property like the protected person's home and other land. It also includes all personal property like appliances, furnishings, tools, jewelry and bank accounts.

The guardian then must also file a financial report every year, reporting changes in the protected person's estate: income that the protected person has received; bills and expenses that have been paid; and property that has been bought or sold.

In addition to the financial report, the guardian must file a status report every year. The status report tells the court where the protected person is living, who remains involved in the protected person's life, changes in health and care, and major events in the protected person's life.

If the records in the court records tell a story about the guardian and the protected person, think of the inventory and the annual reports as chapters in that story. They summarize what has stayed the same in the protected person's life and what has changed.

(6) What you will look for: Common problems; Abuse, neglect, self neglect and exploitation

This Section (6) is taken from our manual on inquiring about the protected person's well being. It describes circumstances that the volunteer court visitor might encounter in face-to-face interviews. A visitor reviewing court records will not have the advantage of first-hand observations. Rather a visitor is reviewing records for hints of these problems: some are life threatening; some are illegal; some are improper although not a crime.

(a) Common problems in living arrangements

Volunteer visitors should be alert for inconsistencies between the person’s ability to function and the level of placement—either too restrictive or not protective enough. Also, check the quality of care. Your report to the court should note any problems or inconsistencies. The scenarios below highlight common problems that a court visitor may encounter.

(i) Independent Living—Alone

Ms. Garcia is 75 years old and generally in good health. However, she recently developed severe arthritis of the right knee. She has difficulty getting up, eating, and using the bathroom. She lives in a two-story home where her bedroom is downstairs, but the bathroom is upstairs. She can’t get from one level to another. She needs help with meal preparation and taking medications.

(ii) Independent Living—With Others

Ms. Moore lives with her son and grandson. Her grandson has a developmental disability and requires constant care. Her son is guardian and also receives her Social Security payments as Representative Payee. When the visitor called on Ms. Moore, he found that she was not receiving proper care and that her son had been using his mother’s checks to pay his own son’s medical bills.

Mr. and Ms. Nolan have been together for over 60 years and have relied on each other for support. Mr. Nolan has several medical complications and significant memory loss. Ms. Nolan is his guardian, but now she is beginning to experience mental confusion herself and finds it increasingly difficult to care for her husband.

(iii) Group Home

Ms. Rogers is 20 years old and was diagnosed with schizophrenia. She was released to a group home from a state hospital and has improved significantly. She now wants to get a job and move into a supervised apartment setting. The group home has not helped with this transition.

(iv) Assisted Living

When Mr. Frank moved into assisted living, he had just recovered from a fall that left him with severe pain in his left hip. He needed help with medication, bathing, and toileting. After a while, the quality of care began to decline. He had to wait long periods for help getting to the bathroom. The bathing became irregular. When the guardian visited the facility, she found that staff had been reduced. The facility no longer met his needs.

(v) Nursing Home

Ms. Vaughn is a chronic alcoholic whose adult children petitioned for guardianship because she was spending all her monthly income on alcohol. She lived at home until poor health led her children to seek nursing home placement. After a few months, her health improved, and she can now perform most of her activities of daily living, and can take medication. She would like to leave the nursing home—but is incontinent and requires supervision. She could probably live in a more independent setting.

A stroke left Mr. Taziz paralyzed on the left side, and he is no longer able to live independently. His speech is poor and he is unable to move unassisted. After agonizing, his wife decided a nursing home would be best for him. Mr. Taziz understands why he is in the nursing home, but separation from his family has left him depressed and he has suicidal thoughts. The nursing staff provides for his physical needs, but his emotional state has been neglected.

(vi) Intermediate Care Facility for People with Developmental Disabilities

Mr. Johns is 49 years old with intellectual disabilities. He has resided in an intermediate care facility for many years. His elderly father, who is guardian, feels he has a stable and appropriate placement, where safety is assured. But the state protection and advocacy agency says the care in the facility is poor and neglect is common. They offer assistance in moving Mr. Johns to a smaller, more independent group home. Mr. Johns likes the idea, but his father is troubled.

(vii) Hospital

Mr. Stevens is an 80-year-old homeless man who suffered a stroke and was admitted to the hospital for treatment. The court appointed the Office of Public Guardian to make decisions about medical care. Mr. Stevens now needs care in a nursing home, but the Office of Public Guardian has not made arrangements for his discharge and placement. The hospital is anxious for him to vacate the bed.

(viii) Mental Health Institution

Ms. Rebe has been institutionalized in a state mental hospital for the past five years. After extensive treatment, her condition has improved sharply. She is now able to leave the hospital, providing she has appropriate supervision. However, her case is not up for review for another nine months.

(b) Common problems with medications

Protected persons are usually experiencing some kind of illness or disability. They often take medication. Court visitors do not prescribe drugs, evaluate the appropriateness of medications, or diagnose reactions to drugs. However, visitors should be aware that many of the people you will visit will be taking numerous medications and that

sometimes problems arise from these medications. If you suspect a drug-related problem, note your observations in your report to the court.

(i) Characteristics of people at risk

- **Person is 75 years of age or older:** Numerous physiological changes that generally occur as people age may change the way medications affect the person.
- **Person is of extremely small (or large) physical stature:** A specific dose of medication may need to be adjusted to a patient's physical stature.
- **Person is receiving numerous medications:** As the number of medications taken by an individual increases, so do the risks of adverse drug reactions and drug interactions. Forty-six percent of people over age 60 take two or more prescription drugs daily.
- **Person has developed new symptoms or changes in overall condition after modification of drug therapy:** Recent changes in an individual's drug therapy may result in adverse drug reactions that cause new symptoms or significant changes in a person's condition, such as confusion or depression. These changes or new symptoms should not automatically be considered to be characteristics of aging or the result of age-related changes in physical condition.
- **Person has developed kidney dysfunction:** Kidney function is an important consideration in drug therapy, because many drugs are eliminated from the body through the kidneys. If a person with poor kidney function is given a drug dose that is too high, toxicity may occur. Kidney function declines as people age, and elderly persons may experience acute or chronic conditions that cause further decline in kidney function (for example, diabetes).
- **Person is taking high risk medication:** Certain medications taken more frequently by older people are known to be associated with a relatively high degree of toxicity.

(ii) Definitions

- **Adverse drug reaction:** An unintended, harmful response to a drug occurring at regular dosage levels. Example: confusion may be the result of an adverse reaction to an anti-depressant. Other common adverse reactions to drugs taken by older people include: depression, loss of appetite, weakness, drowsiness and lethargy, irregular gait, forgetfulness, tremor, constipation, diarrhea, and difficulty in urinating.
- **Side effect:** An unwanted, predictable pharmacological reaction unrelated to the therapeutic effect of a drug and not due to over-dosage. Example: a side effect of an anti-histamine is dry sinuses and mouth.

- **Overdose:** A characteristic but excessive effect of a drug caused by administration of a dose that is larger than the usual therapeutic dose for the patient's size and age. The "usual dose" of a medication to an older person may still be inappropriately large because of age-related changes in metabolism. Example: residual morning drowsiness may result from an overdose of sleeping medication administered the night before.

(iii) Noncompliance

- When a protected person refuses to take prescribed medication.

Mr. Rodriguez is a 44-year-old male veteran with schizophrenia, who lives at home with his family. The guardian is an attorney. The visitor learns from the family that Mr. Rodriguez will not take medication to control his schizophrenia, and that he complains about being constantly anxious. He is too afraid to go to the veterans' hospital to pick up his medicine. The family offers virtually no support to the protected person. The man's condition is deteriorating rapidly.

(iv) Forgetfulness

- Memory loss may cause a person to forget to take medication or, it may cause a person to take repeat doses, having forgotten that the doses already have been taken.

Ms. Jones lives in a small assisted living residence. She takes four different medications: two need to be taken every four hours, one must be taken with meals, and the other is taken upon rising and again at bedtime. One of her medications is an anti-anxiety drug that in normal doses helps keep Ms. Jones calm. In larger doses this drug may cause extreme drowsiness or lethargy. Ms. Jones sometimes forgets which medications she has taken and therefore takes double doses "just to be sure." She often complains of drowsiness and the staff thinks she may have dementia.

(v) Doctors do not coordinate prescriptions

- Older patients take about three times as many medications as younger people do. Almost 90 percent of individuals age 65 and older take prescription drugs and, on average, they take about five different prescription drugs, as well as over-the-counter medications. Often the drugs are prescribed by different physicians. Coordination among physicians is essential to avoid harmful drug interactions.

Mr. Lopez suffered a stroke a few years ago and now lives with his daughter, who is his guardian. He makes regular visits to his

internist, a neurologist, and a rheumatologist. The neurologist put Mr. Lopez on a blood thinner, an anti-clotting drug. The rheumatologist prescribed large doses of aspirin for his arthritis. Mr. Lopez subsequently developed prolonged and severe nausea. His daughter took him to the emergency room where a routine inventory was taken of his medications. It was only because of this incident that Mr. Lopez and his family learned that aspirin, when taken with a blood thinner, can cause nausea and even internal bleeding.

(vi) Budgetary constraints

- Sometimes medication is too expensive for people on fixed incomes to buy. Needed drugs may not be covered under the Medicare Part D plan's "formulary" or list of medications, premiums and deductibles may be high, and plan coverage may change from year to year. Veterans may be eligible for prescription drug benefits and not be aware of this.

For information on Medicare Part D, see:

- <http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/part-d.aspx>.

For information on Veterans benefits, see:

- http://www.va.gov/landing2_vetsrv.htm

Ms. O'Toole is a widow whose only source of income is her Social Security check which totals \$465 per month. She has high blood pressure and was prescribed medication by the doctor at the local clinic. The medication costs \$70 a bottle and is not fully covered by her Medicare plan. Ms. O'Toole feels she cannot afford to spend her meager funds on this medicine.

(vii) Drug reactions

- Sometimes reactions to drugs can imitate confusion, depression, weakness, and other behaviors that some people mistakenly attribute to disability or old age. These reactions are usually reversible.

Ms. Janowski, a nursing home resident, complained of stomach pains and was diagnosed with ulcers. She was prescribed a popular anti-acid medication.

Shortly after the medicine was started, Ms. Janowski became quite agitated and confused. The doctor ordered an anti-psychotic drug for what was thought to be a psychotic episode. A few days after the anti-psychotic drug was started, Ms. Janowski was moved into a "restricted" ward. Only persistent intervention by her son led to

the discovery that her “psychotic” symptoms were really an adverse reaction to the anti-acid.

(viii) Effects of aging

- As our bodies age and metabolism changes, the effects of drugs can be different, and there may be a need for different dosages, intervals or duration of medications, or there may be some medications that are not appropriate.

For a list of potentially inappropriate prescription drugs for older people, see:

- “Beers List,” <http://www.empr.com/potentially-inappropriate-drugs-for-the-elderly-beerslist/article/125908/>

(c) Conflict among family members

Sometimes family members do not agree on the health and safety of a protected person. Ultimately, only the guardian has the authority to make decisions on behalf of a protected person, and the guardian should make the decision that the protected person would have made, unless that decision would be harmful. The conflict may be so great that the guardian may be unable to make decisions.

(d) Guardian changes the protected person’s lifestyle or standard of living

For example, the guardian does not honor the protected person’s values and preferences. Or the guardian spends too little (or too much) to support the standard of living to which the protected person is accustomed.

(e) Guardian does not maximize the protected person’s capacity

The guardian does not encourage and help the protected person to be as independent, engaged, and comfortable as possible in the circumstances. For example, the guardian has not worked with the staff of the protected person’s residential facility to establish activities that would appropriately engage the protected person. Or the guardian has not helped the protected person to work through agitating circumstances.

(f) Guardian needs help

Part of the guardian’s responsibility is to seek help when it is needed. The section below on [Community resources](#) offers an introduction into services and other resources.

(g) Guardian wants or needs to resign

The guardian may face circumstances that make it difficult to continue with decision making responsibilities. The guardian or any interested person should ask the court to appoint a co-guardian or to appoint a new guardian.

(h) Protected person's capacity changes

If a protected person's functioning increases or decreases, the guardian should return to court to modify the guardianship to ask for more or less decision making responsibility, as appropriate. In some circumstances, the protected person may completely regain capacity, and the guardianship should be ended.

(i) Abuse, neglect, self neglect, and sexual and financial exploitation

(i) Reporting

The court visitor will always report their observations to the court. Whether to report also to law enforcement or Adult Protective Services will depend on the severity of the circumstances.

- If you observe life-threatening or other extreme circumstances, call 911.
- If you observe indications of abuse, neglect, self neglect or exploitation, contact Adult Protective Services. APS can investigate if the person is 65 or older or is a "vulnerable adult."
 - http://www.hsdaas.utah.gov/e-referral_form.jsp
 - 801-538-3567 in Salt Lake County and 800-371-7897 in all other counties.
 - APS will ask for the protected person's name, address, date of birth, and the nature of your concern.
- If APS cannot investigate, call local law enforcement. (211 will provide the telephone number for law enforcement agencies in your community.)

To help you decide whether to report to APS, you will need to understand what is meant by abuse, neglect, self neglect and exploitation. Note that it might be the guardian or some other person who is inflicting this harm on the protected person. The descriptions that follow are a summary of the statutory definitions that apply to "vulnerable adults." A protected person is a vulnerable adult.

- For official statutory definitions, see [Utah Code Section 62A-3-301](#).

Key indicators of abuse, neglect and exploitation are described below. These indicators do not necessarily mean that abuse, neglect or exploitation has occurred, but they are signs that further investigation may be needed.

(ii) Abuse

Abuse means:

- causing physical injury to the protected person;
- causing or attempting to cause harm to the protected person or placing the protected person in fear of imminent harm;

- using physical restraint, medication, or isolation that causes harm to the protected person and that conflicts with a physician's orders; or
- depriving the protected person of life-sustaining treatment, except with the protected person's informed consent or under the protected person's Advance Health Care Directive.

Examples of abuse include:

- physical abuse: striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning; inappropriate use of drugs and physical restraints; force-feeding; and physical punishment;
- sexual abuse: non-consensual sexual contact of any kind; unwanted touching; all types of sexual assault or battery, such as rape, sodomy, and coerced nudity; and
- emotional or psychological abuse: infliction of anguish, pain, or distress through verbal or nonverbal acts; verbal assaults, insults, threats, intimidation, humiliation, and harassment; treating the protected person like an infant; isolating the protected person from his or her family, friends, or regular activities; giving the protected person the "silent treatment;" and enforced social isolation.

Signs of physical abuse include:

- frequent use of the emergency room or hospital or frequent changes in health care providers
- injury from an implausible cause, contradictory explanations
- injury that has not been properly cared for
- pain upon touching
- bruises, black eyes, welts, cuts, burns, and rope marks
- sprains, dislocations, and internal injuries or bleeding
- injuries in various stages of healing
- presence of old and new bruises at the same time
- broken eyeglasses, signs of being punished, signs of being restrained
- eye problems, retinal detachment
- bone fractures and skull fractures
- overdose or under utilization of prescribed medication

Signs of sexual abuse include:

- bruises around the breasts or genital area
- venereal disease or genital infections

- vaginal or anal bleeding
- torn, stained, or bloody underclothing

(iii) Neglect

Neglect means:

- failure of a caretaker to provide nutrition, clothing, shelter, supervision, personal care, or dental or other health care, or failure to provide protection from health and safety hazards or failure to provide protection from maltreatment;
- failure of a caretaker to provide care that a reasonable person would provide;
- failure of a caretaker to carry out a prescribed treatment plan that results or could result in injury or harm;
- a pattern of conduct by a caretaker that deprives the protected person of food, water, medication, health care, shelter, cooling, heating, or other services necessary to maintain the protected person's well being, without the protected person's informed consent; or
- abandonment by a caretaker.

Examples of neglect include:

- refusal or failure of the guardian to provide or pay for necessary care and life necessities, such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials; and
- abandonment.

Signs of neglect include:

- unattended or untreated health problems
- inadequate or inappropriate administration of medication
- lack of necessary medical aids, such as eyeglasses, hearing aids, dentures, walkers, canes, and bedside commodes
- bed sores and signs of confinement (tied to furniture, locked in a room)
- lack of food in the home
- dehydration, malnutrition, weight loss, pallor, sunken eyes or cheeks
- homelessness or grossly inadequate housing
- unsanitary living conditions and poor personal hygiene (for example, dirt, fleas or lice on person, insect bites, soiled clothing or bedding, fecal/urine smell, inadequate clothing)
- unsafe conditions in the home (improper wiring, inadequate plumbing, no heat or running water no railings on stairs, etc.)

- hoarding
- animals in feral conditions
- deserting the protected person at a hospital, nursing facility, shopping center or other location

(iv) Self neglect

Self neglect means the failure of a protected person to obtain for himself/herself food, water, medication, health care, shelter, cooling, heating, safety, or other services necessary to maintain one's own well being.

Self-neglect does not include a mentally competent person who, understanding the consequences, makes a conscious and voluntary decision to engage in acts that threaten his or her health or safety. Choice of lifestyle and living arrangements are not, by themselves, evidence of self-neglect. However, a protected person for whom a guardian has been appointed, being incapacitated, is not legally permitted to make these decisions. A guardian is obligated to protect a protected person from self neglect.

The signs of self neglect are similar to the signs of neglect. (See the list above.) The principal difference is that the protected person is denying himself or herself the care and necessities to maintain one's own well being.

(v) Sexual exploitation

Sexual exploitation means:

- the protected person's guardian permits the protected person to be a part of vulnerable adult pornography.

Examples of sexual exploitation include:

- producing, viewing or possessing pornographic photos or videos of a vulnerable adult; and
- allowing the protected person to pose for pornographic photos or videos.

(vi) Financial exploitation

Financial exploitation means:

- improperly using the protected person's money, credit, property, power of attorney or guardianship for the benefit of someone other than the protected person.

Examples of financial exploitation include:

- cashing the protected person's checks without permission;
- forging the protected person's signature;
- misusing or stealing the protected person's money or possessions;

- coercing or deceiving the protected person into signing any document; and
- improperly using authority under a conservatorship, guardianship, or power of attorney.

Signs of financial exploitation include:

- large or frequent withdrawals of the protected person's money
- withdrawal for implausible reasons or with contradictory explanations
- withdrawals by a person accompanying the protected person
- withdrawals in spite of penalties
- increased activity on debit and credit cards
- unexplained disappearance of funds
- missing personal belongs, such as art, silverware, or jewelry
- co-mingling of funds: putting the protected person's money in the guardian's (or another's) bank account
- activity in bank accounts that is unusual for the protected person
- activity, events, and transactions unusual for the protected person or inconsistent with the protected person's ability
- change in account beneficiaries
- new authorized signers on accounts
- unexplained transfer of the protected person's assets to someone else
- recent change of title in the protected person's house or car
- new or refinanced loan
- paying for services that are not necessary
- unpaid or overdue bills
- lack of common amenities that the protected person can afford
- care or living arrangements not commensurate with what the protected person can afford
- the protected person's signature being forged
- a new person is involved in the protected person's life, with no logical reason for being there, such as
 - a new boyfriend or girlfriend much younger than the protected person
 - recent acquaintances expressing strong affection for the protected person

- previously uninvolved relatives claiming rights to the protected person's affairs and possessions
- abrupt change of the protected person's physician, lawyer, or accountant
- change in the protected person's will, power of attorney, trust, or other legal document
- promises of life-long care in exchange for all of protected person's money or property
- rents are not collected as income on rental property
- payments are to the guardian or third party, not to the service provider
- assets are not being used for the benefit of the protected person
 - assets are being saved for potential heirs
 - assets are being used to support others for whom the protected person is not responsible

(vii) Problem signs from the protected person

The protected person may mention problems to you or to others. These reports need to be considered seriously.

- the protected person's report of being physically, sexually, verbally or emotionally abused or mistreated
- the protected person's report of being ignored, mistreated or abandoned
- the protected person's report of being a part of vulnerable adult pornography
- the protected person's report of financial exploitation

The protected person's sudden change in behavior might also indicate a problem of abuse, neglect or financial exploitation:

- fear, apprehension
- helplessness, resignation, withdrawal, depression
- non-responsive, reluctance to talk openly
- implausible stories, contradictory statements
- anger, denial, agitation, anxiety
- confusion
- confusion about financial transactions
- unusual behavior usually attributed to dementia (for example, aggressiveness, sucking, biting, rocking)

(viii) Problem signs from the guardian and others

Key indicators of abuse, neglect and exploitation are described above. Those indicators focus on the protected person's actions and circumstances. There may also be signs of problems from the actions and circumstances of the guardian and others:

- the guardian isolates the protected person from friends and family
 - the guardian says the protected person is not willing or able to accept visits or calls
 - the guardian tells the protected person that no one wants to see him or her
 - the guardian often speaks for the protected person, even when the protected person is present
 - the guardian will not allow the protected person to participate in normal activities
- the guardian seems overly concerned about the protected person's finances
- the guardian is concerned that too much is spent on protected person's care
- the guardian has no means of support other than the protected person's income
- the guardian exhibits a lifestyle beyond of his or her means
- the guardian has problems with alcohol or drugs
- the guardian has been charged with or convicted of abuse, neglect or exploitation of someone other than the protected person
- the guardian blames the protected person (for example, accusation that incontinence is a deliberate act)
- the guardian exhibits aggressive behavior (anger, threats, insults, harassment), sexual behavior (flirtation, coyness), or indifference toward the protected person
- the guardian is unwilling or reluctant to comply with service providers in planning and implementing care
- the protected person's family give conflicting accounts of events

(7) Checklist

- (1) Receive the certified copy of the order assigning you as visitor from the program coordinator.
- (2) Review the court records for the essential documents and information:
 - protected person's name, age and location; case number
 - guardian's name and contact information

- name and contact information of interested persons
 - the date the guardian was appointed and guardian's authority (found in the letters of guardianship)
 - petition for appointment
 - physician's or other clinical statement; note any medications being taken, any treatments ordered, and any assistive devices ordered
 - letters of guardianship and order of appointment
 - annual status reports
 - annual financial reports
- (3) You may make personal notes about the case to take with you, but court records may never be removed from the courthouse. Records must not be written on or changed in any way. If you need a document from a file, you may consult with the court clerk to determine whether a copy of the document may be made.
 - (4) Be sure to protect your notes and copies of any court records. Do not leave them where someone else can see them or take them. Be sure to return them to the Program Coordinator for shredding after you have filed your report. Guardianship records are private so do not show documents to anyone else, other than the order assigning you as a visitor. Also, do not talk about the case with anyone other than court staff. Do not contact the protected person, guardian or others, unless directed by the court to do so.
 - (5) Print a blank report form: Visitor's Report on Possible Problems.
 - (6) Using the instructions for reviewing court records and completing the report, examine the records for the problem signs identified in this manual and the instructions. Complete the report form as soon as possible and submit it to the Program Coordinator. The coordinator will file it with the court that assigned you.
 - (7) Schedule a meeting with the Program Coordinator to discuss the case and your report. Ask whether specific follow-up has occurred or will occur.
 - (8) Unless you are told otherwise, plan on attending the hearing if one is scheduled. You may be called upon to testify at the hearing. Although guardianship records are private, most guardianship hearings are public.
 - (9) If the judge decides that further investigation is necessary, the judge might assign a visitor to interview the protected person, the guardian and others. If you have volunteered for the role of interviewing people, that visitor might be you. Before conducting your interviews and other inquiries, review the manual on inquiring about the protected person's well being. If

you have not volunteered for that role, notify the judge, and s/he will assign someone else.