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IN THE DISTRICT COURT

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE OF MONTANA

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| IN THE MATTER OF THE GUARDIANSHIP OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , ⬜ an Adult.⬜ a Minor.  | Case No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GUARDIANSHIP CARE PLAN  |

**Guidance.**

This report will give the court a necessary understanding of your plan for the person subject to guardianship.

1. As a guardian you may also be required to file status reports, including a status report you file with the court each year on the anniversary date of your appointment. Also, a final status report may be required within 30 days after the resignation, removal, or termination of your appointment as guardian.
2. Please fill out this form by typing or by printing clearly.
3. After you fill out this report, you must sign it under penalty of perjury.

1. File the completed report with the clerk of the district court and provide copies to individuals as ordered by the court. Keep a copy for your records.

**SECTION 1 – Answer these questions about the person for whom you serve as guardian (referred to as “Person” below).**

1. Name:

2. Physical address:

3. Phone Numbers / Contact Information:

 Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:

Mobile: Email:

Type of residence:

 ⬜ Guardian’s Home ⬜ Person’s Home ⬜ Rental

 ⬜ Certified Family Home/Group Home ⬜ Intermediate Care Facility

 ⬜ Temporary Medical Facility ⬜ Assisted Living or Nursing home

 ⬜ Relative’s home (describe relationship to Person):

 ⬜ Other:

4. Is the residence expected to change in the next 12 months?

 ⬜ Yes ⬜ No ⬜ Unknown

 If yes, explain why:

5. What is your relationship to the Person?

6. List other individuals living in the household and their relationship to the Person and each other: (Write “N/A” if the Person is living in a hospital, medical facility, assisted living, or nursing home):

7. Has a conservator also been appointed?

 ⬜ Yes ⬜ No

 Name of conservator:

 Address:

 Phone number:

8. List the individuals you consulted to prepare this care plan (including family members, friend(s), care and medical providers, case managers, attorney(s), service providers, Guardian ad Litem):

9. What information or opinions did these individuals provide? (attach any document, reports, or information you were provided):

10. Have you considered supported decision making for the Person?

 ⬜ Yes ⬜ No

 If not, why not?

11. Describe any efforts you made to encourage and support decision-making by the Person:

**SECTION 2 – Services.**

(Services may include outpatient treatment, treatment plans, therapy, rehabilitation, social, counseling, person centered plan, etc.)

1. Describe current or past wishes or instructions made by the Person regarding services:

2. List the services the Person currently receives:

3. Describe any proposed changes to services in the next year:

4. Would the Person benefit from additional services or assistance with decision making?

 ⬜ Yes ⬜ No ⬜ Unknown

 Please explain:

**SECTION 3 – Medical**

1. Describe the Person’s wishes or instructions regarding medical services:

2. Does the Person have any of the following?

 ⬜ Medical Power of Attorney ⬜ Living Will

 ⬜ Do Not Resuscitate (DNR) / Do Not Intubate (DNI)

3. Describe the Person’s physical health:

 ⬜ Poor ⬜ Fair ⬜ Good ⬜ Excellent

 If poor or fair, please explain:

4. Describe the Person’s mental health:

 ⬜ Poor ⬜ Fair ⬜ Good ⬜ Excellent

 If poor or fair, please explain:

5. Describe any medical and/or mental health treatment the Person may receive during the next 12 months:

6. Would the Person benefit from additional medical or mental health services?

 ⬜ Yes ⬜ No ⬜ Unknown

 Please explain:

**SECTION 4 - Employment, Education, and Training.**

1. Describe the Person’s wishes or instructions regarding employment, education, and training:

2. Is the Person employed or involved in any educational or training programs?

⬜ Yes ⬜ No

 Please explain:

3. Describe any anticipated changes in the Person’s employment, education, and training during the next 12 months:

**SECTION 5 - Social And Cultural Activities**

1. Describe the Person’s wishes or instructions regarding social and cultural activities:

2. Describe the Person’s relationships and activities with friends, family, and community members:

3. List the activities the Person is involved in, including hobbies, clubs, affiliations, volunteering, and religious activities:

4. Describe any anticipated changes to these activities:

5. List the online/social media activities by the Person (Facebook, LinkedIn, email, Twitter, Instagram, etc.):

6. Describe any concerns related to the Person’s social and cultural activities and relationships:

VERIFICATION

 I declare under penalty of perjury and under the laws of the State of Montana that all statements and information, above, are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Typed/Printed Name

CERTIFICATE OF SERVICE

I certify that on (date) I served a copy to: (name all parties in the case other than yourself)

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| --- | --- |
| ⬜ Person [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) ⬜ Attorney or Guardian ad Litem [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) | * By mail
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