

Judicial Guardianship Evaluation Worksheet

CONFIDENTIAL

Case #: _____ Hearing date: _____ [Link to Worksheet Orientation](#)
 Respondent: _____ Precipitating event, if any: _____ [Link to State Probate Statutes](#)
 Petitioner: _____
 Proposed guardian: _____
 Person Estate Other Contested by: Respondent Multiple petitions Other

1. RESPONDENT

A. Background

Age: _____ Highest education: _____ Marital/Partnership status: _____
 Occupational history: _____ English literacy: speak read write
 Preferred language: _____ interpreter required Other language: _____ literacy: speak read write

B. Cognition

Concerns raised: memory concentration wandering aggression confusion episodes of delirium
 Diagnosis of dementia: mild moderate severe Rx: _____ no known deficit
 other: _____
 Retained abilities: _____

C. Mental Health

Concerns raised: depression anxiety hallucinations delusions impulsive behavior substance abuse
 hoarding other: _____ diagnosis: _____ Rx: _____ no known deficit
 Comments: _____

D. Medical Conditions and Physical Functioning

Relevant medical diagnoses: _____ **Acute** **Chronic** **Reversible**
 Concerns raised: inadequate self-management mobility frequent falls pain physical frailty incontinence
 legally blind hearing impaired adaptive equipment: _____
 other: _____ no known conditions

E. Basic Activities of Daily Living

Concerns raised: eating/feeding bathing dressing toileting grooming no known deficit
 Retained abilities: _____

F. Instrumental Activities of Daily Living

Concerns raised: meal preparation/adequate nutrition housekeeping personal finances shopping medications
 arranging transportation internet use telephone use other: _____ no known deficit
 Retained abilities: _____

G. Judgment, Reasoning, and Executive Functioning

Concerns raised: identify abuse/neglect/protect self from harm recognize potential danger/respond to emergencies
 understanding of care needs susceptibility to exploitation/undue influence prior episodes of mistreatment
 other: _____ no known deficit

H. Social Connectedness

Concerns raised: limited contact with family/friends/community recent relocation recent loss of significant relationship
 lack of significant longterm relationships/attachments

I. Values & Preferences

Accepts/desires guardian? no yes: _____
 Current most valued relationships/associations/activities: _____
 Consistency of preferences with past patterns: _____
 importance of religious/cultural/spiritual influences insistence on family care pets
 preference to age-in-place rejection of needed care other: _____

2. PROPOSED GUARDIAN

lay guardian private/professional guardian public guardian financial institution certification

A. Background

Age: _____ Highest education: _____ Employment history: _____

B. Dependency

financially dependent on respondent emotionally dependent on respondent

C. Functional Limitations

Cognitive concerns: _____ no known deficit info unavailable

Mental health/Substance abuse concerns: _____ no known deficit info unavailable

Physical concerns: _____ no known deficit info unavailable

D. Guardian History

Of cases: current _____ previous _____ ever removed revoked license surcharge imposed rep payee

bonded/insured poor credit history criminal history APS complaints protective orders bankruptcy

Guardian history: _____

3. CONTEXT

A. Respondent Resources

Sources of income: pension social security annuity monthly total income: \$ _____ value of estate: \$ _____

Veteran status: yes no Health insurance: Medicare Medicaid other: _____

barriers to access/services/assessments internet access

B. Living Arrangements _____ Adequate?/Appropriate? _____ With whom? _____

Comments: _____

C. Relevant Relationships

Family structure: _____

Family dynamics: _____

Other supportive relationships: _____

Other involved parties: _____

Areas of conflict: _____ pending legal action/protective order: _____

D. Relationship with Proposed Guardian

Nature and history of relationship? _____

Actual/potential conflict of interest? _____ Respondent dependent on proposed guardian: yes no

E. Current Legal Instruments

Will/Trust: Executor/Trustee _____ Date executed: _____

Medical POA: _____ Date executed: _____ Financial POA: _____ Date executed: _____

4. LESS RESTRICTIVE ALTERNATIVES

A. Decisional and Executive Supports

hired/family caregiver home/community-based services memory aids assistive technology medical POA

hired/family fiduciary direct deposit joint account rep payee financial POA trust SDM agreement other

B. Retained Capacities:

C. Areas to Limit Guardianship Powers:

D. Summary Notes: