Judicial Guardianship Evaluation Worksheet CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL Respondent: Proposed guardian: Precipitating event, if any: Person Estate Other A Background Age: Highest clocation: Marital/Partnership status: Occupational history:	1					
Case 4: Hearing date: Init to Worksheet Coveration Respondent: Precipitating event, if any: Init to State Probate Statute Perionser: Precipitating event, if any: Init to State Probate Statute Person = Estate = 0.0ter Contested by: ¬Respondent ¬ Multiple peritions = Other 1. RESPONDENT Interpreter required Other Instruction A. Background	Judicial Guardianship Evaluation Worksheet					
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A. Background Marital/Partnership status: Age:						
A. Background Marital/Partnership status: Age:	1. RESPONDENT					
Age:						
Occupational history:						
Preferred language:						
B. Cognition Concerns raised: _ memory _ concentration _ wandering _ aggression _ confusion _ episodes of delirium Diagnosis of dementia: _ mild _ moderate _ severe _ Rx:						
Concerns raised: memory concentration wandering aggression confusion episodes of delirium Diagnosis of dementia: mild moderate severe Rx: no known deficit Retained abilities:						
Diagnosis of dementia: C. Mental Health Concerns raised: Diagnoses: Acute Chronic Reversible Concerns raised: Diagnoses: Acute Chronic Reversible Concerns raised: Diagnoses: Concerns raised: Diagnoses: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Concerns raised: Diagnoses: Diag	-					
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D. Medical Conditions and Physical Functioning Relevant medical diagnoses:						
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\Box preference to age-in-place \Box rejection of needed care \Box other:	\Box preference to age-in-place \Box rejection of needed care \Box other:					

2. PROPOSED GUARDIAN						
□ lay guardian □ private/professiona	ıl guardian	public guardian	□ financial institution	\Box certification		
A. Background						
Age:Highest education:	En	ployment history:				
B. Dependency						
□ financially dependent on respondent □ emotionally dependent on respondent						
C. Functional Limitations						
Cognitive concerns:			$_$ no known deficit			
Mental health/Substance abuse concerns: In no known deficit I info unavail Physical concerns: In no known deficit I info unavail						
D. Guardian History				1		
# Of cases: current previous □ bonded/insured □ poor credit history	$_$ ev	er removed \Box revoke	aints \Box surcharge imposes aints \Box protective orders	sed \Box rep payee \Box bankruptey		
Guardian history:						
3. CONTEXT A. Respondent Resources						
	curity ⊓ annuity	/ monthly total	income: \$ value of e	state: \$		
Sources of income: □ pension □ social security □ annuity monthly total income: \$						
□ barriers to access/services/assessments						
B. Living Arrangements	Adequate?/A	Appropriate?	With whom?			
Comments:						
C. Relevant Relationships						
Family structure:						
Family dynamics:						
Other supportive relationships:						
Other involved parties:						
Areas of conflict:		pending	g legal action/protective order	:		
D. Relationship with Proposed Guardian						
Nature and history of relationship?						
Actual/potential conflict of interest?		$\underline{ Respondent dependent on proposed guardian: } \Box yes \Box no$				
E. Current Legal Instruments						
Will/Trust: Executor/Trustee			Date executed:			
Medical POA:Date execu	ited:	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:						
2. Atomica Suparatos						
C. Areas to Limit Guardianship Powers:						
D. Summary Notes:						