Clear All Data

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

COMMONWEALTH OF VIRGINIA

VA. CODE § 64.2-2020

Name of Incapacitated Person:	Johnnie Smith		
Address of Incapacitated Person:	Main Street, Small Town, Virginia 222222		
Circuit Court where Guardian appointed:	Small Town		Age:
Circuit Court Case No.:	1-3334		
Date of Order of Appointment:	4/17/2018	Date Qualified by Clerk:	4/17/2018
Guardian's Name:	Public Guardianship Program		
Address:	12 Uphill Drive Small Town, Virginia 222222		
Telephone Number:	(802) 999-9999		
Conservator's Name:			
Address:			
[X] Same as Guardian Telephone Number:			

[ ] Initial four-month report [X] Annual report [ ] Final report .....
REASON FOR FILING FINAL REPORT

The period covered by this report is: 8/19/2019 to 8/19/2020

1. Describe the incapacitated person's living arrangements:
   Client lives in a group home.

2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):
   Mental: TBI
   Physical: Paralyzed on one side of his body
   Social: Client is social
   State any changes in the condition of the incapacitated person in the past year:
   None

3. Describe all medical, educational, vocational and professional services provided to the incapacitated person for the period covered by this report, and state your opinion of the adequacy of the care received by the incapacitated person:
   Medical: None
   Educational: None
   Vocational: None
   Professional: None

4. State the number of times you visited the incapacitated person, the nature of your visits and describe your activities on behalf of the incapacitated person (Guardians are required to visit the incapacitated person as often as necessary to know of his or her capabilities, limitations, needs and opportunities):

   Sally was was seen once or twice each month.

5. State whether or not you agree with the current treatment or care plan:

   Yes

6. State your recommendation as to the need for continued guardianship, any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes, and any other information useful, in your opinion, to a consideration of the guardianship:

   Yes

7. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation.:

   None

I declare, under penalty of perjury, that the information contained in this Annual Report is true and correct to the best of my knowledge.

8/19/2020
DATE

B P
SIGNATURE OF GUARDIAN

DSS Use Only:

Date Received: ..... Date Reviewed: .....

REVIEWER'S SIGNATURE AND TITLE