

**STATE OF MAINE**

\_\_\_\_\_ COUNTY PROBATE COURT

DOCKET NO. \_\_\_\_

IN RE:

\_\_\_\_\_  
Alleged Incapacitated Person (AIP)

**VISITOR'S REPORT**

**1. GENERAL**

A. Name and address of Petitioner:

B. Name and address of nominee:

C. Nature of this proceeding:

Joined Petition for appointment of Guardian/Conservator  
Petition for Guardian only  
Petition for Conservator only  
Other:

**Visitor Data**

D. Visitor's Name:

Address:

Telephone number:

Occupation:

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- E. Summary of Petitioner's reason for filing Petition:
  
- F. Hearing Date:
  
- G. Due Date for Visitor's Report:
  
- H. Service must be made by:
  
- I. Identify anyone else who was interviewed or any records that were reviewed as part of this report:

**2 ALLEGED INCAPACITATED PERSON (AIP)**

- A. Name:
  
- B. Date of birth:
  
- C. Permanent address:
  
  
- D. Location of AIP:  
How long at this residence?
  
- E. Is anyone else living with AIP?
  
  
- F. Marital status and name of spouse (if any):  
OR Does AIP have a Domestic Partner? If so list name:
  
  
- G. Names of adult children and close adult relatives:

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- H. Does the AIP have any minor children? Where are they living?
- I. Names of caretakers and others upon whom the AIP relies on for his/her daily needs:
- J. Does the AIP wish to contest any aspect of this proceeding or seek limitations?
- K. If there is a finding of incapacity would AIP prefer someone other than the petitioner to act as guardian or conservator?  
Please list:
- L. Does the AIP have or wish to have an attorney?  
  
No  
Yes Enumerate:  
  
If yes, then appointed counsel required
- M. Does the AIP wish to attend the hearing?  
  
Yes                      No
- N. Are there any problems with AIP attending the hearing?
- O. Is there an unrevoked power of attorney (durable medical or financial) executed by the AIP?
- P. Is the AIP or Petitioner a party to any legal action? (state what Petitioner reports, no further research necessary)

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- Q. Is the AIP the recipient of any services?
  
- R. What are the AIP's income and assets? Does the AIP need assistance with finances? Is anyone else handling the AIP's finances?

### 3. VISITATION SUMMARY

The following observation resulted from the visitation:

- A. Where and when was the person interviewed?
  
- B. Who else was present?
  
- C. Current living situation of the AIP and physical description of the premises:
  
- D. Level of communication of AIP:
  
- E. Information pertaining to AIP's background: (As much as can be ascertained, including comments on the relationship of the person visited with petitioner, nominee and other relatives who could be considered interested in this matter.)
  
- F. Describe physical condition of person:

**4. OBSERVATIONS OF FUNCTIONAL ABILITIES**

- A. Describe any medical condition that may affect the AIP's functional abilities:
  
- B. Describe any cognitive problems that may affect the AIP's capacity:
  
- C. Describe the AIP's everyday functioning abilities and limitations: See 18-A M.R.S.A. § 5-303(b)
  
- D. Describe how protection/services may be made consistent with the AIP's values, preferences and life patterns:
  
- E. Describe the risk of harm to the AIP and the level of assistance required to mitigate that risk.
  
- F. Describe those means that may be used to enhance the AIP's functional capacity:



**6. TEMPORARY OR EMERGENCY CONSIDERATIONS:**

A. Is a temporary guardianship or conservatorship sought?

B. Are there any emergencies that need to be addressed?

List those that have not been covered earlier OR are the reasons for appointment:

**7. ANY ADDITIONAL COMMENTS:**

I hereby certify that I interviewed the incapacitated person/protected person and the person proposed for appointment as Guardian or Conservator. I visited the present place of abode of the incapacitated person/protected person and the place it is proposed that he/she will reside if the requested appointment is made. I explained the meaning and possible consequences of the requested appointment to the incapacitated person/protected person and inquired from him/her if he/she wished to attend the hearing to contest any aspect of the proceeding or to seek any limitations on the proposed guardian's and/or conservator's powers. I explained to the incapacitated person/protected person that he/she was entitled to be present at the hearing in person and to see and hear all the evidence bearing upon his/her condition. I informed him/her that he/she is entitled to be represented by counsel to present evidence, to cross-examine witnesses, including the physician and the visitor. I also informed the incapacitated person/protected person that the issue may be determined at a closed hearing if he/she or his/her counsel requests.

I further certify that I have no personal interest in these proceedings.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Visitor's signature

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List here the names of all persons who have received a copy of this report:

Date filed: \_\_\_\_\_

\_\_\_\_\_  
Register of Probate