

Using This Revisable PDF Form

1. Copies

Original – submitted to the local Department of Social Services.

2. Prepared by guardian.

3. Preparation details

- a. If you have any questions about this report, please contact your local office of the Department of Social Services.
- b. This report should be completed and submitted to the local Department of Social Services four months after appointment as the guardian and annually thereafter.
- c. Data Element 2 on page 4 is not filled out online.
- d. Data Elements 3-4 on page 4 are not filled out by the guardian.
- e. By signing this form, the guardian is certifying that the information contained in the annual report is true and correct to the best of his or her knowledge.

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON
 COMMONWEALTH OF VIRGINIA
 VA. CODE § 64.2-2020

Name of Incapacitated Person:	1		
Address of Incapacitated Person:	2		
Circuit Court where Guardian appointed:	3	Age:	4
Circuit Court Case No.:	5		
Date of Order of Appointment:	6	Date Qualified by Clerk:	7
Guardian's Name: 8		
Telephone Number:		
Conservator's Name: 9		
Address:		
10 <input type="checkbox"/> Same as Guardian		
Telephone Number:		

11 Initial four-month report Annual report Final report
 REASON FOR FILING FINAL REPORT

The period covered by this report is: **12** to
 Please make all responses as detailed as possible.

13 1. Describe the incapacitated person's living arrangements, including a specific assessment of the adequacy of such living arrangement:

14 2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):
 Mental:
 Physical:
 Social:
 State any changes in the condition of the incapacitated person in the past year:

15 3. Describe all medical, educational, vocational, social, recreational and any professional services and activities 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. The information required by this subdivision shall include (i) the specific frequency or number of times the incapacitated person was seen by such providers; (ii) the date and location of and reason for any

Data Elements, page one

1. The name of the adult who is the subject of this report (incapacitated person).
2. The address of the incapacitated person.
3. The name of the circuit court where the guardian who is completing this report was appointed.
4. Age of incapacitated person.
5. The case number assigned by the circuit court where the guardian was appointed.
6. The date the guardian who is completing this report was appointed to serve as guardian for the incapacitated person.
7. Date guardian was qualified by clerk.
8. The name, address and telephone number of the person who was appointed guardian for the incapacitated person.
9. The name, address and telephone number of the person who was appointed conservator for the incapacitated person, if applicable.
10. Check this box if the same person was appointed as both guardian and conservator. If checked, the name, address and telephone number need not be repeated.
11. Indicate by checking the applicable box whether this is the initial four-month report, an annual report, or a final report. If this is a final report, indicate the reason for the final report on the provided line.
12. Insert the date the reporting period began and the date the reporting period ended.
13. Provide information requested.
14. Provide information requested.
15. Provide information requested.

hospitalization of such incapacitated person; and (iii) a description of the educational, vocational, social, and recreational activities in which such incapacitated person participated:

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

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2 5. State your recommendation as to the need for continued guardianship and any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes:

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3 6. 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:

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4 7. State the name of any persons whose access to communicate, visit, or interact with the incapacitated person has been restricted and the reasons for such restriction:

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Data Elements, *page 2*

1. Provide information requested
2. Provide information requested.
3. Provide information requested. If you are requesting reimbursement, you must provide an itemized list of each expense.
4. Provide information requested.

1 8. Provide a self-assessment as to whether you feel you can continue to carry out the powers and duties imposed upon you by Virginia Code § 64.2-2019 and as specified in the court’s order of appointment pursuant to Virginia Code § 64.2-2009:

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2 9. Unless the incapacitated person resides with you, provide a statement of the frequency and nature of any (i) in-person visits from you with the incapacitated person over the course of the previous year and (ii) visits over the course of the previous year from a designee performing such visit. If any visit described in this section is made virtually, please specify. If no visit was made within a six-month period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such:

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3 10. Provide a general description of the activities taken on by you for the benefit of the incapacitated person during the past year:

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4 11. Provide a statement of whether the incapacitated person has been an alleged victim in a report of abuse, neglect, or exploitation made pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2, to the extent known, and whether there are any other indications of abuse, neglect, or exploitation of such incapacitated person:

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5 12. Provide any other information useful in your opinion:

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Data Elements, page 3

1. Provide information requested.
2. Provide information requested. If the incapacitated person resides with you, it is not necessary to list the frequency and nature of each interaction with him or her.
3. Provide information requested.
4. Provide information requested.
5. Provide information requested.

I certify that the information contained in this Annual Report is true and correct to the best of my knowledge.

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1
DATE

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2
SIGNATURE OF GUARDIAN

3	DSS Use Only:
Date Received:	Date Reviewed:
..... REVIEWER'S SIGNATURE AND TITLE	

4	Court Use Only:
Date Received:	
 Clerk

Data Elements, page 4

1. Date signed by guardian completing this report.
2. Signature of guardian completing this report. Not filled out online.
3. For use of Department of Social Services personnel only.
4. For use of court personnel only.