

**SAMPLE REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON**  
**COMMONWEALTH OF VIRGINIA**

VA. CODE § 64.2-2020

Name of Incapacitated Person:	Anna Jones		
Address of Incapacitated Person:	123 Charming Avenue, Little Town, Virginia 22000		
Circuit Court where Guardian appointed:	Fairfax, VA	Age:	48
Circuit Court Case No.:	00-000		
Date of Order of Appointment:	January 1, 2000	Date Qualified by Clerk:	January 1, 2000
Guardian's Name:	Jennifer Andrews		
Address:	200 Main Street Little Town, Virginia 22000		
Telephone Number:	(540) 555-0000		
Conservator's Name:	.....		
Address:	.....		
<input checked="" type="checkbox"/> Same as Guardian	.....		
Telephone Number:	.....		

Initial four-month report  Annual report  Final report

REASON FOR FILING FINAL REPORT

The period covered by this report is: May 1, 2018 to April 30, 2019

1. Describe the incapacitated person's living arrangements:

Ms. Anna Jones currently resides in her own apartment located in Little Town, VA. Anna previously resided in a group home but requested a more independent home. Anna is well supported and receives intensive support from residential staff. Additional support and monitoring are provided by her guardian, county case manager, and employer to ensure her safety.

2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):

Anna is stable and receiving appropriate support for her mental, physical, and social needs.

Mental: Moderate developmental disability, bi-polar disorder.

Physical: Diabetes, sleep apnea.

Social: Many friendships with neighbors and co-workers and her cousin out-of-state.

State any changes in the condition of the incapacitated person in the past year:

Anna moved to her new apartment in the last year. She continues to share that she is glad she made this move.

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:

Anna continues to attend all of her medical, vocational, psychiatry, and psychology appointments. Anna receives appropriate services to help her with her daily routine and activities. Anna is interested in exploring a paying job in the coming year. Anna also receives case management services through Little Town Community Services Board. Her team, which includes a medical professional, her guardian, vocational staff and CSB staff, has proven to be effective at meeting Anna's needs and ensuring she has the life she desires.

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):

The guardian saw Anna 15 times during the last 12 months and talked to her by phone weekly. Meetings take place at Anna's home and vocational programs where we discussed her life and her wishes for the future. The guardian reports this to her support team.

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

The current/treatment plan is appropriate and meets Anna's needs and abilities.

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:

Anna continues to need significant support from her guardian to make medical, health, social, housing, and employment decisions. She is working well with her guardian and team and her independence is growing. It is our hope that Anna's skills continue to advance, and she moves towards a more limited guardianship in future years.

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.:

I am not requesting reimbursement for my work as Anna's guardian.

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

DATE

SIGNATURE OF GUARDIAN

**DSS Use Only:**

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

REVIEWER'S SIGNATURE AND TITLE