

GUARDIAN AD LITEM REPORT
INCAPACITATED PERSON
LR29-PR00- 714.10
FORM PR00-9

STATE OF INDIANA) IN THE HAMILTON SUPERIOR COURT NO. _____
) ss:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

Incapacitated person.

GUARDIAN AD LITEM REPORT

_____ submits the following report on _____
_____, a proposed protected person, based on an assessment of the respondent
on the _____ day of _____, 20____, at _____.

1. Describe the nature and type of the respondent's disability: _____

2. Describe the respondent's mental and physical condition; and, when it is appropriate,
describe educational condition, adaptive behavior and social skills: _____

3. State whether, in your opinion, the respondent is either totally incapable, or is partially
capable, of making personal and financial decisions; and, if partially capable, state the kinds of
decisions which the respondent can and cannot make. Include the reasons for this
opinion: _____

4. Describe the respondent's feelings about the proposed guardianship as well as the
respondent's relationship with the potential guardian: _____

5. Describe the respondent's assets and estimate the value thereof: _____

6. In your opinion, is guardianship necessary for the respondent at this point in time? Include the reason for this opinion: _____

7. What, in your opinion, is the most appropriate living arrangement for the respondent; and, if applicable, describe the most appropriate treatment or habilitation plan. Include the reasons for your opinion: _____

Date: _____

Signed: _____

Printed: _____

Address _____

City _____ State: _____

Telephone: _____