

Instructions for the Report of Visitor Form

A Visitor is “an individual, in guardianship proceedings, who is trained in nursing, social work, medical care, mental health care, or rehabilitation and is an employee or special appointee of the court with no personal interest in the proceedings.” ([N.D.C.C. § 30.1-01-06\(60\)](#)).

The Report of Visitor form available on the [ND Legal Self Help Center webpage](#) was created by the Guardianship Standards Workgroup, a workgroup of the North Dakota state court system.

This Report of Visitor form is designed to help Visitors perform the duties listed in [N.D.C.C. § 30.1-28-03\(6\)](#). If the fillable form on the webpage doesn't give you enough room, copy and paste the content of the form into a word processing document.

This isn't an official court system form, which means it's not mandatory for Visitors to use this form for their report to the court. If you prefer not to use this form for your required report to the court, review [N.D.C.C. § 30.1-28-03\(6\)](#) carefully! You're required to perform the duties and include the information in your report that are listed in N.D.C.C. § 30.1-28-03(6) and any additional requirements in the order appointing you the Visitor.

Tips for Filling Out the Form

Review [N.D.C.C. § 30.1-28-03\(6\)](#) carefully! This statute lists your duties as a court-appointed visitor. The statute also lists the information you must include in your report.

Review the order appointing you the visitor. The order may include additional information the judge or judicial referee wants you to obtain and include in your report.

Your report is confidential. Once you've submitted your report to the court, it's closed to the public. The report is only open to inspection by the court, the parties in the guardianship case and their attorneys, other persons specifically allowed by court order, and other persons allowed by [court rule](#).

You may be subpoenaed to attend the hearing, or hearings, where the decision to appoint a guardian will be made. You may be subpoenaed by the court, the guardian ad litem, the petitioner(s), or the person who is the subject of the guardianship case.

If you're subpoenaed to attend the hearing(s), be prepared to testify and be cross-examined about the contents of your report.

Visitor Report Instructions by Paragraph
(Includes References to the North Dakota Century Code (N.D.C.C.))

Caption (Top of Form) Use the court’s order appointing you the Visitor to fill in the County, Judicial District, name of the proposed Ward, and the case number.

Identifying Information & Date and Place of Visit As completely as possible, fill in all of the identifying information for the proposed Ward, and you, the Visitor.

Fill in the date and place of your visit(s) with the proposed Ward.

- N.D.C.C. § 30.1-28-03(6)(a) requires you to meet, interview and consult with the proposed Ward.
 - N.D.C.C. § 30.1-28-03(6)(e) requires you to visit the proposed Ward’s current place of residence.
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Paragraph 1 Your confirmation that you are, in fact, the Visitor appointed by the North Dakota State District Court in this guardianship case.

Paragraph 2 The date and place of your visit(s) with the proposed Ward must be filled in the spaces above Paragraph 1.

Paragraph 3 For every person you interviewed for this report, fill in their name, relationship and the date of your interview. Include the proposed guardian(s) in Paragraph 3.

- N.D.C.C. § 30.1-28-03(6)(c) requires you to interview the person(s) proposed to act as guardian(s).
 - N.D.C.C. § 30.1-28-03(6)(d) requires you to interview other persons interested in the welfare of the proposed Ward.
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Paragraph 4 List all of the records you reviewed to prepare this report.

Paragraphs 5-7 Describe the nature of the current impairment(s) and the extent the impairments impact the proposed Ward’s understanding, or their capacity to make or communicate decisions.

- N.D.C.C. § 30.1-28-03(6)(i)(1) requires you to include this in your written report.

Paragraph 8 Checkmark the box that reflects your recommendation on whether the proposed Ward needs **any** guardian to be appointed.

- You’ll use Paragraph 11 to explain your recommendations specifically related to the proposed guardian(s).

Explain your recommendation in detail.

- N.D.C.C. §§ 30.1-28-03(6)(i)(1) & (2) requires you to include this in your written report.

Paragraph 9 Checkmark the box that reflects your recommendation on whether the proposed Ward should have a conservator appointed to handle the proposed Ward’s financial matters.

Explain your recommendation in detail.

- Although N.D.C.C. Chapter 30.1-28 doesn’t specifically require this recommendation, the proposed guardian(s), if appointed, could be granted the authority to make financial decisions. The Visitor is positioned to provide this relevant information to the judge or judicial referee assigned to the case.

Paragraph 10 Based on the information you gathered from your interview(s) and other interactions, describe the views of the proposed Ward concerning the proposed guardianship, the scope and duration of the proposed guardianship, and the proposed guardian(s).

- N.D.C.C. § 30.1-28-03(6)(b) requires you to learn this information as part of your Visitor duties.
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Paragraph 11 Paragraph 11 is divided into 8 subparts, intended to allow you to explain, in detail, your recommendations related to the proposed guardian(s). The subparts also allow you to explain to the judge or judicial referee whether you recommend a different guardian, or guardians, and why.

- N.D.C.C. §§ 30.1-28-03(6)(i)(2) & (3) requires you to include this in your written report.

Paragraph 12 Paragraph 12 is divided into 2 subparts, intended to allow you to assess, in detail, the capacity of the proposed Ward to perform the activities of daily living.

Subpart a) relates to self-care tasks.

Subpart b) relates to instrumental activities of daily living.

- N.D.C.C. § 30.1-28-03(6)(i)(5) requires you to include this in your written report.

Paragraph 13 If a guardian is appointed, the proposed Ward retains the legal rights listed in Paragraph 13 **unless the judge or judicial referee specifically finds** that the proposed Ward doesn't have the capacity to perform those functions.

If you recommend that the proposed Ward **should not** retain one or more of the legal rights listed in Paragraph 13, checkmark the box next to the legal right.

If you recommend that the proposed Ward **should** retain **all** of the legal right listed, checkmark "other" and tell the court.

- N.D.C.C. § 30.1-28-03(6)(i)(4) requires you to include this in your written report.
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Paragraph 14

For each of the 10 areas listed at the top of Paragraph 14, checkmark the degree of authority you recommend for the proposed guardian(s).

Use Subparts a) through j) to explain your recommendation for each of the 10 areas.

- N.D.C.C. § 30.1-28-03(6)(i)(4) requires you to include this in your written report.

Paragraph 15

If you recommend limited authority for any of the 10 areas listed in Paragraph 14, explain the limitations you recommend.

- N.D.C.C. § 30.1-28-03(6)(i)(4) requires you to include this in your written report.

Paragraph 16

Court-appointed guardians granted full medical treatment authority are allowed to voluntarily admit the Ward to a mental health facility or state institution for up to 45 days. Court approval is required for longer than 45 days. The judge or judicial referee may include court approval in their order appointing the guardian(s).

If you recommend that the guardian be allowed to place the proposed Ward in a secured unit at a long-term care facility, state institution, or mental health facility beyond 45 days, explain in detail.

If you **don't recommend** a placement beyond 45 days, tell the court and explain why.

- Although N.D.C.C. Chapter 30.1-28 doesn't specifically require this recommendation, the Visitor is positioned to provide this relevant information to the judge or judicial referee assigned to the case.
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Paragraph 17 “Alternative resource plan” is defined by N.D.C.C. § 30.1-26-01(1) as “a plan that provides an alternative to guardianship, using available support services and arrangements which are acceptable to the alleged incapacitated person. The plan may include the use of providers of service such as visiting nurses, homemakers, home health aides, personal care attendants, adult day care; home and community-based care, human service zones, and developmental disability services; powers of attorney, durable powers of attorney, health care directives, and supported decisionmaking; representative and protective payees; and licensed congregate care facilities.”

Commonly used alternative resource plans are listed in Paragraph 17, as well as an “other” option.

Checkmark the options available and acceptable to the proposed Ward.

- N.D.C.C. § 30.1-28-03(6)(f) requires you to discuss alternative resource plans with the proposed Ward, if appropriate.

Paragraph 18 Checkmark the services you recommend as beneficial to the proposed Ward.

- Although N.D.C.C. Chapter 30.1-28 doesn’t specifically require the Visitor to recommend beneficial services for the proposed Ward, this information relates to Paragraphs 5-7 and the requirements of N.D.C.C. § 30.1-28-03(6)(i)(1).

Paragraph 19 N.D.C.C. Chapter 30.1-28 requires the proposed Ward to be present at the hearing(s) in person. However, the in person requirement can be waived for good cause. The requirement for the proposed Ward to attend the hearing at all can also be waived for good cause.

- N.D.C.C. § 30.1-28-03(6)(f) requires you to assess the proposed Ward’s ability to attend the hearing in person or by remote means.
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Paragraph 20 N.D.C.C. Chapter 30.1-28 allows the option of holding hearing(s) at some place other than the courthouse. Examples include, but aren't limited to, holding a Zoom hearing, or holding the hearing at the long-term care facility where the proposed Ward resides.

- Although N.D.C.C. Chapter 30.1-28 doesn't specifically require this recommendation, this information relates to Paragraph 19 and the requirements of N.D.C.C. § 30.1-28-03(6)(f).

Paragraph 21 The list in Paragraph 21 are the duties of the Visitor from N.D.C.C. § 30.1-28-03(6). If you were unable to perform the duties as listed, explain at the end of Paragraph 21.

You may also use the end of Paragraph 21 to include any additional information or other recommendations that weren't included in Paragraphs 1-20.

Signature & Date When you've completed the Report of Visitor, sign and date the document.

****The North Dakota Legal Self Help Center provides resources to people who represent themselves in civil matters in the North Dakota state courts. The information provided by the Center isn't intended for legal advice but only a general guide to the civil court process. The Center isn't responsible for any consequences that may result from the information provided. The information can't replace the advice of competent legal counsel licensed in the state. Use at your own risk.****

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE GUARDIANSHIP OF

AN ALLEGED INCAPACITATED INDIVIDUAL

Case No. _____

This report is closed to the public and not open to inspection except by the Court, parties to the guardianship proceeding or their lawyers, other persons by order of the Court for good cause, and others authorized by court rule.

REPORT OF VISITOR

Name of proposed Ward:

Address:

Age:

Name of Visitor:

Address:

Telephone number:

Email:

Date of visit:

Place of visit:

1. I have been appointed by the court as a Visitor.
2. I interviewed the proposed Ward at the place and date indicated above.
3. I also interviewed the following people (*Paragraph 3 continues on next page*):

Name and relationship to proposed Ward

Date

Name and relationship to proposed Ward

Date

4. I reviewed the following records:

5. The nature of the proposed Ward's current impairment:

6. The degree to which the impairment affects the proposed Ward's understanding:

7. The degree to which the impairment affects the proposed Ward's capacity to make or communicate decisions:

8. I **do** **do not** recommend that the proposed Ward have a guardian.

Explanation for this recommendation:

9. I **do** **do not** recommend that the proposed Ward have a conservator.

Explanation for this recommendation:

10. The proposed Ward's views of the proposed guardians, the powers and duties of the proposed guardian, the proposed guardianship, and the scope and duration of the proposed guardianship are:

11. Guardianship Options:

a) The qualifications of the proposed guardian:

b) The appropriateness of the proposed guardian:

c) I **do** **do not** recommend that someone be appointed as co-guardian.

Explanation for this recommendation:

d) If recommended, the qualifications of this co-guardian:

e) If recommended, the appropriateness of this co-guardian:

f) I **do** **do not** recommend that someone else, other than the proposed guardian, be appointed guardian.

Explanation for this recommendation:

g) If recommended, the name and qualifications of the alternative guardian:

h) If recommended, the appropriateness of the alternative guardian:

12. The capacity of the proposed Ward to perform the activities of daily living:

a) The proposed Ward is able to perform these basic ADLs (self-care tasks):

<u>Manages with no assistance</u>	<u>Needs prompts or some assistance</u>	<u>Needs assistance</u>	<u>ADL:</u>	<u>Comments:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing and showering	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dressing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating/feeding	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Functional mobility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal hygiene and grooming	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toileting and hygiene	

b) The proposed Ward is able to perform these instrumental activities of daily living (IADLs):

<u>Manages with no assistance</u>	<u>Needs prompts or some assistance</u>	<u>Needs assistance</u>	<u>IADL:</u>	<u>Comments:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housework	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking medications	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Managing money	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shopping assistance	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of telephone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Using technology	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	

13. I do do not recommend that the proposed Ward retain the right to:

- vote
- seek to change marital status
- obtain or retain a motor vehicle operator's license
- possess firearms
- other (please specify):

14. I recommend that the proposed guardian be granted the degree of authority indicated to make decisions for the ward in the following areas:

<u>Full</u>	<u>Limited</u>	<u>None</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place of residence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Long term care facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secured unit at a long-term care facility, state institution, or mental health facility placement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vocation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial matters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education and training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involuntary treatment with prescribed medication
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to and control and disposition of safety deposit box and contents

The visitor **must** explain the reasons for recommendations under this paragraph. The reasons for each of my recommendations are:

a) Place of residence:

b) Long term care facility placement:

c) Secured unit at a long-term care facility, state institution, or mental health facility placement:

d) Legal matters:

e) Vocation:

f) Financial matters:

g) Education and training:

h) Medical treatment:

i) Involuntary treatment with prescribed medication:

j) Access to and control and disposition of safety deposit box and contents:

15. If a limited degree of authority is recommended in paragraph 14, the following limitations are proposed:

16. I specifically **do** **do not** recommend that the guardian be allowed to place the proposed Ward in a secured unit at a long-term care facility, state institution, or mental health facility placement beyond 45 days for the following reasons:

17. As an alternative to guardianship, it would be feasible to use the following alternative resource plan(s) that are available to the proposed Ward and that are acceptable to the proposed Ward:

- supported decision making
- power of attorney
- healthcare directive
- representative payee
- protective payee
- other (specify):

18. The following services may be beneficial to the proposed Ward:

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> developmental disability services | <input type="checkbox"/> adult day care |
| <input type="checkbox"/> chemical addiction services | <input type="checkbox"/> home-based care |
| <input type="checkbox"/> mental health services | <input type="checkbox"/> community based care |
| <input type="checkbox"/> brain injury services | <input type="checkbox"/> licensed congregate living facility |
| <input type="checkbox"/> dementia services | <input type="checkbox"/> skilled nursing home |
| <input type="checkbox"/> visiting nurses | <input type="checkbox"/> emergency response system |
| <input type="checkbox"/> home health aides | <input type="checkbox"/> county social services |
| <input type="checkbox"/> personal care attendants | <input type="checkbox"/> senior citizen center |
| <input type="checkbox"/> LTC ombudsman services | <input type="checkbox"/> chore services |
| <input type="checkbox"/> protection & advocacy services | <input type="checkbox"/> other (specify): |
| <input type="checkbox"/> vulnerable adult protection services | |

19. The proposed Ward **is able** to attend the hearing either in person or by remote means because (specify reasons):

The proposed Ward **is not able** to attend the hearing either in person or by remote means because (specify reasons):

20. For the benefit of this proposed Ward, the hearing **should not be held** at a place other than the courthouse.

For the benefit of this proposed Ward, the hearing **should be held** at a place other than the courthouse because (explain and propose an alternative location for hearing):

21. I affirm that I have, except as specified below:

- a) Met, interviewed, and consulted with the proposed Ward regarding the guardianship proceeding. I explained the purpose for my interview in a manner the ward could reasonably be expected to understand.
- b) Learned the proposed Ward's views about the proposed guardian, the powers and duties of the proposed guardian, the proposed guardianship, and the scope and duration of the guardianship.
- c) Visited the residence of the proposed Ward.
- d) Discussed appropriate alternative resource plans with the proposed Ward.
- e) Interviewed the persons seeking appointment as guardian.
- f) Obtained all information as directed by the Court.

Exceptions, other information, or other recommendations (*continued on next page*):

(Paragraph 21, continued.)

Dated _____.

Visitor's Signature

Visitor's Printed Name

Address

City, State, Zip Code

Telephone Number

Email Address