

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS  
REGARDING INCAPACITATED ADULTS**



**COMMONWEALTH OF VIRGINIA**

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## GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS

Guardians and conservators are appointed by the court for persons who lack the physical and/or mental capacity to care for themselves and are found to be incapable of caring for themselves or their property. Guardians and conservators make decisions regarding the personal and financial affairs, respectively, of such incapacitated persons.

The following materials address frequently asked questions relating to the guardianship/ conservatorship appointment process. These materials are to be distributed to circuit court clerks to educate petitioners, guardians ad litem, attorneys, evaluators, guardians, and conservators.

### I. Before You Begin: Consulting a Lawyer

Because of the recent changes to Virginia's guardianship laws, which were set forth in Article 1.1 of Chapter 4 of Title 37.1, Code of Virginia, it is advisable that persons seeking to petition for the appointment of guardians and conservators for incapacitated adults consult an attorney before undertaking any of the procedures specified herein. A lawyer may advise you to consider other alternatives to guardianships and conservatorships and save you from the effort and costs of what may be unnecessary guardianship/conservatorship proceedings.

### II. What is a guardian/conservator?

#### A. Definition and general responsibilities

A **guardian** is a person appointed by the court who is responsible for the personal affairs of an incapacitated person. A guardian is responsible for making decisions regarding the incapacitated person's support, care, health, safety, habilitation, education, therapeutic treatment, and if not inconsistent with an order of commitment, residence.

A **conservator** is a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person.

Either a conservator or guardian may be full, limited, or temporary, depending upon the court's order.

#### B. Purpose of guardianship/conservatorship

The purpose of a guardianship/conservatorship is to ensure that the best interests of the incapacitated person are represented and accounted for. A guardian/conservator serves as a fiduciary to the incapacitated person. A fiduciary is one who stands in a relationship of trust to another and must act prudently and in the best interests of the person for whom he or she is appointed as a fiduciary.

### III. Who qualifies as one in need of a guardian/conservator?

Guardians/conservators are appointed for incapacitated persons. An **incapacitated** person is an adult who has been found by the court to be incapable of receiving and evaluating information effectively or responding to people, events or environments to such an extent that the individual lacks the capacity to:

- meet the essential requirements for his health, care, safety, and therapeutic needs without the assistance or protection of a guardian. For instance, the individual may demonstrate:
  - disorientation and memory loss
  - noticeable physical and behavioral changes compared to the previous year
  - inability to care for him or herself (neglect of personal hygiene, careless eating and sleeping routines)

OR

- manage property or financial affairs or to provide for his or her support or for the support of legal dependents without the assistance or protection of a conservator.

A finding that the individual displays poor judgment, alone, shall not be is not considered sufficient evidence that the individual is an incapacitated person within the meaning of this subsection.

#### IV. Who qualifies as a guardian/conservator?

Any adult may file a petition for the appointment of a guardian, conservator, or both. The person filing a petition (petitioner) does not necessarily have to be the person who will be appointed guardian or conservator.

#### V. What are the procedures for appointing a guardian/conservator?

The allegedly **incapacitated person** will be referred to as the **respondent** under this section. during the appointment process.

##### A. Filing a Petition

1. Where to File: A petition for the appointment of a guardian/conservator is filed in the circuit court of the county or city where the **respondent**:
  - is a resident or is located
  - resided immediate prior to becoming a patient, voluntarily or involuntarily in a hospital, or resident in a nursing facility, nursing home, convalescent home, state hospital for the mentally ill, adult care residence as defined in Virginia Code §63.1-172, or other similar institution.

If the petition is for the appointment of a conservator of a nonresident of Virginia who has real property in Virginia, then the petition must be filed in the circuit court in the city or county where the property is located.

The petitioner may file a **joint petition** for the appointment of a guardian AND conservator in the same person.

2. Contents of the Petition: See *Appendix II*.

##### B. Guardians Ad Litem

1. Definition: A guardian ad litem is an attorney at law, licensed to practice law in Virginia and appointed by the circuit court to represent the interests of the respondent during the guardian-

ship proceedings. The guardian ad litem must be certified by the Judicial Council of Virginia, which has developed, in conjunction with the Virginia State Bar and the Virginia Bar Association, standards for attorneys who are appointed as guardian ad litem and maintains a list of certified attorneys. The guardian ad litem's fee is fixed by the court and is paid by the petitioner or taxed as part of the costs of the proceeding, as the court directs.

## 2. Duties

- Personally visiting the respondent
- Advising the respondent of his/her rights, and certifying to the court that the respondent has been so advised—*See Appendix III*
- recommending that legal counsel be appointed for the respondent if the guardian ad litem believes that is necessary
- investigating the petition and filing a report with the court
- personally appearing at all court proceedings and conferences

Guardian ad litem may also interview witnesses, relatives, and references for qualifying petitioners, verify medical evaluations, participate in appointment hearings, present evidence, and prepare a report for the court. legal documents.

**C. Requirement of Notice:** It is advised that the petitioner consult a lawyer in meeting notice and service of process requirements. The respondent must have reasonable notice of the guardianship/conservatorship proceedings and must be personally served with a copy of the court's order appointing a guardian ad litem. The respondent may not waive notice, and the petitioner's failure to give required notice constitutes a jurisdictional defect.

1. Content of the Notice: A brief statement to the respondent in at least 14 point type of the purpose of the proceedings, his/her right to counsel and to a hearing, and the following statement in bold, conspicuous print:

**WARNING:**

AT THE HEARING YOU MAY LOSE MANY OF YOUR RIGHTS. A GUARDIAN MAY BE APPOINTED TO MAKE PERSONAL DECISIONS FOR YOU. A CONSERVATOR MAY BE APPOINTED TO MAKE DECISIONS CONCERNING YOUR PROPERTY AND FINANCES. THE APPOINTMENT MAY AFFECT CONTROL OF HOW YOU SPEND YOUR MONEY, HOW YOUR PROPERTY IS MANAGED AND CONTROLLED, WHO MAKES YOUR MEDICAL DECISIONS, WHERE YOU LIVE, WHETHER YOU ARE ALLOWED TO VOTE, AND OTHER IMPORTANT RIGHTS.

2. Notice to Others: The petitioner must mail a copy of the notice, along with a copy of the petition, at least 7 days before the hearing by first class mail to all adult individuals and to all entities whose names and addresses appear in the petition. In addition, the petitioner must file with the clerk a statement of compliance with notice requirements.

**D. Evaluation Report:** A report evaluating the condition of the respondent must be filed with the court and given to the guardian ad litem a reasonable time prior to the hearing.

1. Who Prepares the Report: A physician, psychologist, or a licensed professional skilled in the assessment and treatment of the physical or mental conditions of the respondent should prepare the report. If such report is not available, the court may appoint or order that such be prepared.

2. Content of the Report: See *Appendix IV*.

In the absence of bad faith or malicious intent, the person performing the evaluation shall be immune from civil liability for any breach of patient confidentiality made in furtherance of the evaluator's duties under the statute.

- E. **Hearing at the Circuit Court**: The respondent is entitled to a hearing before a judge of the circuit court, and if requested, a jury trial. The hearing may be held at such convenient place as the court directs, including the place where the respondent is located (especially if he or she is bedridden or physically handicapped). The petitioner, respondent, and guardian ad litem are all entitled to call witnesses and present evidence. If, after considering the evidence, the court or jury determines on the basis of clear and convincing evidence that the respondent is incapacitated and in need of a guardian or conservator, the court shall enter an order appointing a suitable person as guardian or conservator, or both.
- F. **Requirement for Security: For Conservators ONLY**: The conservator must furnish security on his or her bond, if required by the court's order.

## VI. Powers and Duties of Guardians/Conservators

### A. Guardian

1. The powers of a guardian include only those **powers enumerated** in the court order.
2. A guardian stands in a **fiduciary relationship** to the incapacitated for whom he or she was appointed guardian and may be held personally liable for a breach of any fiduciary duty to the incapacitated person. A guardian shall not be liable for the acts of the incapacitated person, unless the guardian is personally negligent. A guardian shall not be required to expend personal funds on behalf of the incapacitated person. The guardian may receive compensation from the estate of the incapacitated person.
3. A guardian's duties and **authority shall not extend to decisions addressed in a valid advance directive or durable power of attorney previously executed** by the incapacitated person. A guardian may seek court authorization to revoke, suspend, or otherwise modify a durable power of attorney. A guardian may seek court authorization to modify the designation of an agent under an advance directive, but such modification shall not in any way affect the incapacitated person's directives concerning the provision or refusal of specific medical treatments or procedures.
4. A guardian must maintain **sufficient contact** with the incapacitated person to know of his or her capabilities, limitations, needs, and opportunities. Visit the incapacitated person as often as necessary.
5. **Prior court authorization** is necessary:
  - to change the incapacitated person's residence to another state
  - to terminate or consent to a termination of the person's parental rights
  - to initiate a change in the person's marital status
6. The guardian shall, to the extent feasible, encourage the **incapacitated person to participate** in decisions, to act on his or her own behalf, and to develop or regain the capacity to manage his

or her personal affairs. In making decisions, the guardian shall consider the expressed desires and personal values of the incapacitated person to the extent known, and shall otherwise act in the incapacitated person's best interest and exercise reasonable care, diligence, and prudence.

7. The guardian must file an **annual report** with the local department of social services for the jurisdiction in which he or she was appointed. This report is made on a form provided by the Office of the Executive Secretary of the Virginia Supreme Court. *See Appendix V.*

## B. Conservator

1. At all times, the conservator is to exercise reasonable care, diligence, and prudence, and shall act in the **best interest of the incapacitated person**. To the extent known to him or her, the conservator shall consider the expressed desires and personal values of the incapacitated person.
2. Subject to limitations or conditions in the conservatorship order, the conservator shall **take care of and preserve the estate of the incapacitated person and manage it to the best advantage**. As a fiduciary, the conservator is bound to follow Virginia's Uniform Prudent Investor Act (§26-45.3 *et seq*). The conservator shall apply income from the estate, or so much as may be necessary, to the payment of the debts of the incapacitated person, including payment of reasonable compensation to himself or herself and to any guardian appointed, to the maintenance of such person and of his or her legal dependents, if any, and, to the extent that the income is not sufficient, shall so apply the corpus of the estate. The Commissioner of Accounts provides direction regarding appropriateness and reasonableness of expenditures.
3. The conservator shall, to the extent feasible, encourage **the incapacitated person to participate in decisions**, to act on his or her own behalf, and to develop or regain the capacity to manage the estate and his or her financial affairs. A conservator shall also consider:
  - the size of the estate
  - probable duration of the conservatorship
  - incapacitated person's accustomed manner of living
  - other resources known to the conservator to be available
  - recommendations of the guardian
4. The conservator stands in a fiduciary relationship to the incapacitated person for whom he or she was appointed conservator and may be held personally liable for a breach of any fiduciary duty under Title 26 of the Virginia Code. Unless otherwise provided in the contract, a conservator is personally liable on a contract entered into in a fiduciary capacity in the course of the administration of the estate unless he or she reveals the representative capacity and identifies the estate in the contract.

Claims based upon contracts entered into by a conservator in a fiduciary capacity, obligations arising from ownership or control of the estate, or torts committed in the course of administration of the estate, may be asserted against the estate by proceeding against the conservator in a fiduciary capacity, whether or not the conservator is personally liable therefor. A successor conservator is not personally liable for the contracts or actions of a predecessor.

5. As of the date the conservator is appointed, he or she shall have the following powers in **managing the incapacitated person's estate**, which may be exercised without prior court authorization except as otherwise specifically provided in the court's order of appointment:

- To sell the incapacitated person's real estate unless restricted in the court order
  - To ratify or reject a contract entered into by the incapacitated person
  - To pay any sum distributable for the benefit of the incapacitated person or for the benefit of a legal dependent to the following parties, if applicable:
    - distributee
    - provider of goods and services
    - any individual or facility that is responsible for or has assumed responsibility for care and custody
    - distributee's custodian under a Uniform Gifts or Transfer to Minors Act of any applicable jurisdiction
    - guardian of the incapacitated person or, in the case of a dependent, to the dependent's guardian or conservator
  - To maintain life, health, casualty and liability insurance for the benefit of the incapacitated person, or legal dependents
  - To manage the estate following termination of the conservatorship until its delivery to the incapacitated person, or successors in interest
  - To execute and deliver all instruments, and to take all other actions that will serve in the best interests of the incapacitated person
  - To initiate a proceeding to:
    - revoke a power of attorney under the provisions of §11-9.1
    - seek a divorce; or
    - to make an augmented estate election under §64.1-13
  - To borrow money for such periods of time and upon such terms and conditions as to rates, maturities, renewals and security, as shall seem advisable, including the power to borrow from the conservator, if the conservator is a bank; to mortgage or pledge such portion of the incapacitated person's estate as may be required to secure such loan or loans; and, as maker or endorser, to renew existing loans
6. The court may impose **requirements to be satisfied by the conservator prior to the conveyance of any interest in real estate**, including, but not limited to:
- increasing the amount of the conservator's bond
  - securing an appraisal of the real estate or interest
  - giving notice to interested parties as the court deems proper
  - consulting with the commissioner of accounts and the guardian (if one has been appointed)

If the court imposes such requirements, the conservator must make a report of his compliance with each requirement, to be filed with the commissioner of accounts. Promptly follow-

ing receipt of the conservator's report, the commissioner shall file a report with the court indicating whether the requirements imposed have been met and whether the sale is otherwise consistent with the conservator's duties. The conveyance shall not be closed until a report by the commissioner of accounts is filed with the court and confirmed as provided in §§ 26-33, 26-34 and 26-35.

7. The conservator must comply with the **fiduciary filing requirements** under Virginia Code Section 26-12 and 26-17.4, which include filing an Inventory within four months of the date of appointment (see *Appendix VI*), filing a first Account within six months of the date of appointment (see *Appendix VII*), and an annual Account (see *Appendix VII*) thereafter within four months of the end of the twelve month period commencing on the terminal date of the preceding Account.

## **VII. Modification or Termination of Guardianship/Conservatorship**

Upon petition of the incapacitated person, the guardian, or conservator, or upon the court's own motion, the court may declare the incapacitated person restored to capacity, and/or may modify or terminate the provisions of the guardianship.

## **VIII. Where to Go For Help**

Virginia Guardianship Association  
P.O. Box 980228  
Richmond, VA 23298-0228  
(804) 828-9622

Virginia Department for the Aging  
1600 Forest Avenue, Suite 102  
Richmond, VA 23229  
(804) 622-9333

*See Appendix VIII for area agencies on aging in Virginia prepared by the Virginia Department for the Aging.*

**INSTRUCTIONS  
INCAPACITATED ADULT INFORMATION FORM**

**GENERAL:** This form provides the Clerk of Court with the information necessary to qualify fiduciaries for adults who have been determined by the court to be incapacitated. This sheet contains special instructions to help you fill out this form. If you have any questions, you should telephone the Clerk. If you are unable to complete this form, the Clerk will help you. You should telephone the Clerk's office for an appointment before you go to the courthouse. Please complete as much of this form as possible before you see the Clerk.

**Line 1.** State the incapacitated person's full name, including any aliases, and the maiden name of a married woman.

**Line 4.** If you are unsure of the correct answer to this question, leave it blank until you talk to the Clerk of Court.

**Lines 10-13.** These lines are used to identify a co-fiduciary(ies), if there is one (or more).

**Lines 16-18.** These questions must be answered by the person(s) who wishes to be qualified as fiduciary by the Clerk. A "yes" answer to any of these questions does not automatically disqualify a person from serving. Each case must be decided by the court based on its specific facts.

**Line 19.** Because of the difficulty in determining exact values at the time of qualification, the clerk will accept a reasonable estimate of the fair market value of the incapacitated person's personal property. If you do not know the actual value of the incapacitated person's real property, you may use its assessed value for local real estate tax purposes. In addition to including all property in the traditional sense, you must also include the value of (i) any periodic payments of money to which the incapacitated person is entitled (such as Social Security, SSI, veteran's benefits, etc.), and (ii) the incapacitated person's legal or equitable ownership interest in any real or personal property that will pass to another at the incapacitated person's death by a means other than testate or intestate succession (such as property owned in any survivorship form with another person, an interest in a trust fund created by the incapacitated person or another, etc.).

**INCAPACITATED ADULT INFORMATION FORM** Court File No.: .....  
COMMONWEALTH OF VIRGINIA

[For appointment of guardian, conservator, committee, or trustee for ex-service person.]

Circuit Court of .....

1. Incapacitated person's full name .....

2. Residence address (street, city, state) .....

.....

3. Date of birth ..... Place of birth .....  Married  Single  Divorced

4. Qualification requested:  guardian  conservator  trustee for ex-service person  committee

standby guardian  standby conservator.

5. Court's order entered on ....., and recorded in .....

6. Name of person qualifying .....

7. Day telephone ..... Night telephone .....

8. Residence address .....

9. Mailing address, if different .....

10. Name of other person qualifying .....

11. Day telephone ..... Night telephone .....

12. Residence address .....

13. Mailing address, if different .....

14. Name of assisting attorney, if any ..... Telephone .....

15. Attorney's mailing address .....

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

.....  
DATE PRINTED NAME OF REQUESTING PERSON SIGNATURE OF REQUESTING PERSON



CONTENTS OF PETITION

Please note that the following form is a sample which was not put out or endorsed by the state; its purpose is merely to illustrate the information needed for a guardianship/conservatorship petition.

<b>PETITIONER'S INFORMATION</b>	
Name:	
Place of Residence:	
Post Office Address:	
Relationship, if any to the incapacitated person:	
<b>RESPONDENT'S INFORMATION</b> (to the extent known by the petitioner as of the date of the filing)	
Name:	
Date of Birth:	Social Security Number:
Place of residence or location:	
Post Office Address:	
What is the native language of the respondent? _____	
Are any alternative means of communication necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RESPONDENT'S RELATIVES</b>	
Spouse, adult children, parents and adult siblings or, if such relatives are not known to the petitioner, at least three other known relatives of the incapacitated person, including stepchildren. If a total of three such persons cannot be identified and located, the petitioner shall certify that fact in the petition, and the court shall set forth such finding in the final order.	
Name:	Post Office Address:
Name:	Post Office Address:
Name:	Post Office Address:
<b>INDIVIDUAL OR FACILITY (IF ANY) THAT IS RESPONSIBLE FOR OR HAS ASSUMED RESPONSIBILITY FOR THE RESPONDENT'S CARE OR CUSTODY</b>	
Name:	
Place of Residence or Location:	
Post Office Address:	
<b>AGENT DESIGNATED UNDER A DURABLE POWER OF ATTORNEY OR ADVANCED DIRECTIVE OF WHICH RESPONDENT IS THE PRINCIPAL, OR ANY GUARDIAN, COMMITTEE, OR CONSERVATOR CURRENTLY ACTION, WHETHER IN THIS STATE OR ELSEWHERE</b>	
* Petitioner shall attach a copy of such documents, if available.	
Name(s):	
Place of Residence or Location:	
Post Office Address:	

**CONTENTS OF PETITION (cont'd)**

**GUARDIANSHIP AND CONSERVATORSHIP TYPES**

(required information varies according to TYPE of guardianship and conservatorship)

TYPE REQUESTED	BRIEF DESCRIPTION OF:
Guardianship	1. nature and extent of respondent's alleged incapacity 2. services currently being provided for the respondent's health, care, safety, or rehabilitation, and 3. where appropriate, recommendation as to living arrangement and treatment plan
Limited Guardianship	1. nature and extent of respondent's alleged incapacity 2. the specific areas of protection and assistance to be included in the order of appointment
Conservatorship	nature and extent of respondent's alleged incapacity
Limited Conservatorship	1. nature and extent of respondent's alleged incapacity
	2. the specific areas of management and assistance to be included in the order of appointment

**GUARDIANS AND/OR CONSERVATORS NOMINATED BY RESPONDENT**

Name:	Relationship to Respondent:
Post Office Address:	

Name:	Relationship to Respondent:
Post Office Address:	

**RESPONDENT'S FINANCIAL RESOURCES**

Approximate Value of Property:
Anticipated Annual Gross Income:
Other Receipts and Debts:

**STATEMENT OF WHETHER THE PETITIONER BELIEVES THAT RESPONDENT'S ATTENDANCE AT HEARING WOULD BE DETRIMENTAL TO RESPONDENT'S HEALTH, CARE OR SAFETY**


**REQUEST FOR APPOINTMENT OF A GUARDIAN AD LITEM**


## RESPONDENT'S RIGHTS

1. To be represented by legal counsel of his or her choice.
2. To a trial by jury.
3. To compel the attendance of witnesses, to present on his or her own behalf, and to confront and cross-examine witnesses.
4. To have the hearing held at such convenient place as the court directs, including the place where the respondent is located.
5. For the proposed guardian or conservator to be present at the hearing, except for good cause shown, and for proposed guardian or conservator, where appropriate, to provide the court with a recommendation as to living arrangements and a treatment plan.
6. To be personally present at the hearing and at all stages of the proceedings.
7. Whether or not present, to be considered to have denied all allegations in the petition.
8. For the court, in determining the need for a guardian/conservator, and the duties of any needed guardian or conservator, to consider the following factors:
  - limitations of the respondent
  - development of the respondent's maximum self-reliance and independence
  - availability of less restrictive alternatives, including advance directives and durable powers of attorney
  - extent to which it is necessary to protect the respondent from neglect, exploitation or abuse
  - actions needed to be taken by the proposed guardian/ conservator
  - suitability of the proposed guardian/conservator
9. If the court or jury determines on the basis of clear and convincing evidence that the respondent is incapacitated and in need of a guardian/conservator, for the court to give due deference to the wishes of the respondent in appointing the guardian/conservator, and for the court in its order to make specific findings of fact and conclusions of law in support of each provision of the court's order.

**EVALUATION REPORT**

The report must include, to the evaluator's best information and belief:

1. Description of the nature, type, and extent of the respondent's incapacity, including his/her specific functional impairments
2. Diagnosis or assessment of the respondent's mental or physical condition, including a statement as to whether or the respondent is on any medications that may affect his or her actions or demeanor, and where appropriate and consistent with the evaluator's license, an evaluation of the respondent's ability to learn self-care skills, adaptive behavior and social skills and prognosis for improvement
3. Date and dates of examinations, evaluations, and assessments upon which the report is based
4. Signature of the person conducting the evaluation and the nature of the professional license held by such person

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

Name of Incapacitated Person:		SSN:
Circuit Court where Guardian appointed:		Age:
Circuit Court Case No.:		Date Appointed:
Guardian's Name:	.....	
Address:	.....	
Telephone Number:	.....	
Conservator's Name:	.....	
Address:	.....	
<input type="checkbox"/> Same as Guardian	.....	
Telephone Number:	.....	
<input type="checkbox"/> Initial four-month report	<input type="checkbox"/> Annual report	

The period covered by this report is: ..... to .....

1. Give the incapacitated person's current address and describe his or her living arrangements:

.....

.....

.....

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: .....

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:

.....

.....

.....

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):

.....  
.....

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

.....  
.....

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: .....

.....  
.....  
.....

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 certify 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	



**Part 2. The incapacitated person's real estate in Virginia over which you have a power of sale.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 2:</b>	

**Part 3. The incapacitated person's other real estate in Virginia.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 3:</b>	

**Part 4. The incapacitated person's non-Virginia real estate.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 4:</b>	

**Part 5. The incapacitated person's legal or equitable ownership interest in any real or personal property that will pass to another at the incapacitated person's death by a means other than testate or intestate succession.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 5:</b>	

**Part 6. The incapacitated person's rights to periodic payments from any agency of the U.S. government.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 6:</b>	

**Part 7. The incapacitated person's rights to periodic payments from any other source.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 7:</b>	

<p><b>CERTIFICATE OF ACCURACY AND COMPLETENESS</b>                  [Must be signed by each fiduciary.]</p>	
<p>I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.</p>	
Date .....	Fiduciary _____ Address .....
	Telephone No.: .....
Date .....	Fiduciary _____ Address .....
	Telephone No.: .....

**CERTIFICATE OF COMMISSIONER**

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on .....

\_\_\_\_\_  
 Commissioner of Accounts

Received in the Clerk's Office and admitted to record on .....

\_\_\_\_\_  
 Clerk

**ACCOUNT FOR INCAPACITATED ADULT**  
**COMMONWEALTH OF VIRGINIA**

Court File No. ....

Circuit Court of .....

Estate of ....., an incapacitated adult

Residence of incapacitated person: .....

Type of Fiduciary:  Conservator  Guardian  Committee

Trustee for ex-service person  Limited Conservator

Name of fiduciary ..... Day telephone .....

Mailing address .....

Name of other fiduciary ..... Day telephone .....

Mailing address .....

This is account number  one  two  three  ..... Is this a final account?  yes  no.

From ..... (date of qualification or end of last account) to ..... (end of this account)

**ACCOUNT SUMMARY**

1. Beginning Assets \$ .....

(from Parts 1, 2 and 5 of the inventory or from the prior account)

2a. Receipts from Social Security, SSI, Veteran's or other Federal Benefits \$ .....

2b. All other receipts .....

3. Gains on Asset Sales (attach itemized list) .....

4. Adjustments (attach itemized list) .....

5. Total of 1, 2b, 3 and 4 (must equal Total on Line 10) \$ .....

6. Disbursements (attach itemized list) \$ .....

7. Losses on Asset Sales (attach itemized list). .....

8. Distributions (final account only) .....

9. Assets on Hand (attach itemized list) (carrying value) .....

10. Total of 6, 7, 8 and 9 (must equal Total on Line 5) \$ .....

\*\* Market Value of Assets on Hand \$ .....

I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described and, if this is a final account, that to the best of my/our knowledge all taxes have been paid or provided for.

Date ..... Fiduciary's signature \_\_\_\_\_

Date ..... Fiduciary's signature \_\_\_\_\_

**NOTE:** Virginia law requires that every account be signed by all fiduciaries.

**SAMPLE ACCOUNT FOR INCAPACITATED ADULT** Court File No. ....  
 COMMONWEALTH OF VIRGINIA

Circuit Court of .....

Estate of ....., an incapacitated adult

Residence of incapacitated person: .....

Type of Fiduciary:  Conservator  Guardian  Committee  
 Trustee for ex-service person  Limited Conservator

Name of fiduciary ..... Day telephone .....

Mailing address .....

Name of other fiduciary ..... Day telephone .....

Mailing address .....

This is account number  one  two  three  ..... Is this a final account?  yes  no.

From ..... (date of qualification or end of last account) to ..... (end of this account)

ACCOUNT SUMMARY

1. Beginning Assets	\$ 102,306.65
(from Parts 1, 2 and 5 of the inventory or from the prior account)	
2a. Receipts from Social Security, SSI, Veteran's or other Federal Benefits)	\$ 3,000
2b. All other receipts	37,328.08
3. Gains on Asset Sales (attach itemized list)	1,125.00
4. Adjustments (attach itemized list)	4,375.00
5. Total of 1, 2b, 3 and 4 (must equal Total on Line 10)	145,134.73
6. Disbursements (attach itemized list)	\$ 34,085.00
7. Losses on Asset Sales (attach itemized list).	0.00
8. Distributions (final account only)	0.00
9. Assets on Hand (attach itemized list) (carrying value)	111,049.73
10. Total of 6, 7, 8 and 9 (must equal Total on Line 5)	145,134.73
<b>** Market Value of Assets on Hand \$ 111,799.73</b>	

I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described and, if this is a final account, that to the best of my/our knowledge all taxes have been paid or provided for.

Date ..... Fiduciary's signature \_\_\_\_\_

Date ..... Fiduciary's signature \_\_\_\_\_

**NOTE:** Virginia law requires that every account be signed by all fiduciaries.

RECEIPTS:

LMN Bank interest

6/25/98	53.51
7/25/98	54.17
8/25/98	55.73
9/25/98	56.59
10/25/98	56.82
11/25/98	57.80
12/25/98	58.99
1/25/99	59.40
2/25/99	60.10
3/25/99	60.95
4/25/99	61.44
5/25/99	62.30

STU Corporation, dividends

6/30/98	50.00
9/30/98	50.00
12/31/98	65.00
3/31/99	65.00

Employer's disability payments - 10 months @ \$490 4,900.00  
2 months @ \$510 1,020.00

CDO Annuity - 12 months @ \$2,400 28,800.00

ABC Bank, interest

6/30/98	415.10
9/30/98	418.55
12/31/98	420.92
3/31/99	425.71

TOTAL RECEIPTS 37,328.08

GAINS ON ASSET SALES:

6/14/98 Net Proceeds of sale of 80 shares of NOP Company 5,125.00

less carrying value of 4,000.00

TOTAL GAINS 1,125.00

ADJUSTMENTS:

Correct 500 shares STU Corp. from  
 \$119.75 per share on Inventory to  
 true Inventory value of \$128.50/share  
 TOTAL ADJUSTMENTS

59,875.00  
64,250.00  
 4,375.00

DISBURSEMENTS:

Check #

#008 ABC Agency, bond premium  
 Sunshine Nursing Home  
 6/98-5/99, 12 months @ \$2,785/month  
 #009 Dr. John Doe  
 #015 Dr. John Doe  
 #024 Dr. Mary Roe

490.00  
 33,420.00  
 50.00  
 50.00  
75.00

TOTAL DISBURSEMENTS

34,085.00

LOSSES ON ASSET SALES - none

0.00

DISTRIBUTIONS - none

0.00

ASSETS ON HAND:

Fifth National Bank,  
 Money Market Acct. #123789  
 500 shares of STU Corp. at carrying  
 value of \$128.50/share (5/31/99 market  
 value of \$130/share = \$65,000)  
 Third National Bank, Savings Acct.

20,906.93  
 64,250.00  
 25,892.80

TOTAL ASSETS ON HAND

111,049.73

## Appendix VIII

### AREA AGENCIES ON AGING IN VIRGINIA

AREA	AGENCY	JURISDICTIONS SERVED
1	<b>MOUNTAIN EMPIRE OLDER CITIZENS, INC.</b> P.O. Box 888 Big Stone Gap, VA 24219-0888 <i>Marilyn Pace Maxwell, Executive Director</i> Phone: 540-523-4202 Fax: 540-523-4208 e-mail: meoc@meoc.org	Counties of Lee, Scott and Wise City of Norton
2	<b>APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.</b> P.O. Box 765 Cedar Bluff, VA 24609 <i>Diana Wallace, Executive Director</i> Phone: 540-964-4915 Fax: 540-963-0130 e-mail: dwallace@aasc.org	Counties of Buchanan, Dickenson, Russell and Tazewell
3	<b>DISTRICT THREE GOVERNMENTAL COOPERATIVE</b> 4453 Lee Highway Marion, VA 24354-4270 <i>Mike Guy, Executive Director</i> Phone: 540-783-8158 or 1-800-541-0933 Fax: 540-783-3003 e-mail: districtthree@smyth.net	Counties of Bland, Carroll, Grayson Smyth, Wythe and Washington, Cities of Bristol and Galax
4	<b>NEW RIVER VALLEY AGENCY ON AGING</b> 141 East Main Street Pulaski, VA 24301-5029 <i>Debbie Palmer, Executive Director</i> Phone: 540-980-7720 or 639-9677 Fax: 540-980-7724 e-mail: nrvaoadp@usit.net	Counties of Floyd, Giles, Pulaski and Montgomery City of Radford
5	<b>LOA AREA AGENCY ON AGING, INC.</b> P.O. Box 14205 Roanoke, VA 24038-4205 <i>Susan Williams, Executive Director</i> Phone: 540-345-0451 Fax: 540-981-1487 e-mail: loaaa@roanoke.infi.net	Counties of Alleghany, Botetourt, Craig and Roanoke Cities of Clifton Forge, Covington, Roanoke and Salem
6	<b>VALLEY PROGRAM FOR AGING SERVICES, INC.</b> P.O. Box 817 Waynesboro, VA 22980-0603 <i>Ann Bender, Executive Director</i> Phone: 540-949-7141 or 1-800-868-8727 Fax: 540-949-7143 e-mail: vpas@cfw.com	Counties of Augusta, Bath, Highland Rockbridge and Rockingham, Cities of Buena Vista, Lexington, Harrisonburg, Staunton and Waynesboro

- 7     **SHENANDOAH AREA AGENCY ON AGING, INC.**  
207 Mosby Lane  
Front Royal, VA 22630-3029  
**Cathie Galvin, Director**  
Phone: 540-635-7141 or 800-883-4122  
Fax: 540-636-7810  
e-mail: galvin@shentel.net
- Counties of Clarke Page, Frederick,  
Shenandoah and Warren  
City of Winchester
- 8A    **ALEXANDRIA AGENCY ON AGING**  
2525 Mount Vernon Avenue - Unit 5  
Alexandria, VA 22301-1159  
**Robert Eiffert, Director**  
Phone: 703-838-0920  
Fax: 703-836-2355  
e-mail: bob.eiffert@ci.alexandria.va.us
- City of Alexandria
- 8B    **ARLINGTON AGENCY ON AGING**  
3033 Wilson Boulevard, Suite 700B  
Arlington, VA 22201-3843  
**Terri Lynch, Director**  
Phone: 703-228-1700   Fax: 703-228-1148  
e-mail: tlynch@co.arlington.va.us
- County of Arlington
- 8C    **FAIRFAX AREA AGENCY ON AGING**  
12011 Government Center Parkway, Suite 708  
Fairfax, VA 22035-1100  
**Director [vacant as of 1/1/01]**  
Phone: 703-324-5411   Fax: 703-449-8689  
e-mail: bhersh@co.fairfax.va.us
- County of Fairfax  
Cities of Fairfax & Falls Church
- 8D    **LOUDOUN COUNTY AREA AGENCY ON AGING**  
102 Heritage Way, NE, Suite 102  
P.O. Box 7000  
Leesburg, VA 20177-4544  
**Anne Edwards, Administrator**  
Phone: 703-777-0257   Fax: 703-771-5161  
e-mail: aedwards@co.loudoun.va.us
- County of Loudoun
- 8E    **PRINCE WILLIAM AREA AGENCY ON AGING**  
7987 Ashton Avenue, Suite 231  
Manassas, VA 22109-8212  
**Lin Wagener, Director**  
Phone: 703-792-6400   Fax: 703-792-4734  
e-mail: lwagner@pwc.gov.org
- County of Prince William  
Cities of Manassas & Manassas Park
- 9     **RAPPAHANNOCK–RAPIDAN  
COMMUNITY SERVICES BOARD**  
P.O. Box 1568  
15361 Bradford Road  
Culpeper, VA 22701-6568  
**Brian D. Duncan, Executive Director**  
Phone: 540-825-3100   TDD: 540-825-7391  
Fax: 540-825-6245  
e-mail: rrcsb@erols.com
- Counties of Culpeper, Fauquier,  
Madison, Orange and Rappahannock

- 10     **JEFFERSON AREA BOARD FOR AGING**  
674 Hillsdale Drive, Suite 9  
Charlottesville, VA 22701-1799  
**Gordon Walker, CEO**  
Phone: 804-817-5222   Fax: 804-817-5230  
e-mail: jaba@jabacares.org
- Counties of Albemarle, Fluvanna  
Greene, Louisa and Nelson  
City of Charlottesville
- 11     **CENTRAL VIRGINIA AREA AGENCY ON AGING, INC.**  
3225 Old Forest Road  
Lynchburg, VA 24501-2309  
**Brenda Lipscomb, Executive Director**  
Phone: 804-385-9070   Fax: 804-385-9209  
e-mail: aging@centralva.net
- Counties of Amherst, Appomatox,  
Bedford and Campbell  
Cities of Bedford & Lynchburg
- 12     **SOUTHERN AREA AGENCY ON AGING, INC.**  
433 Commonwealth Boulevard  
Martinsville, VA 24112-2020  
**Teresa Carter, Executive Director**  
Phone: 540-632-6442 or 1-800-468-4571  
Fax: 540-632-6252  
e-mail: saaa@neocomm.net
- Counties of Franklin, Henry,  
Patrick & Pittsylvania  
Cities of Danville and Martinsville
- 13     **LAKE COUNTRY AREA AGENCY ON AGING**  
1105 West Danville Street  
South Hill, VA 23970-3501  
**Gay Currie, Executive Director**  
Phone: 804-447-7661 or 800-252-4464  
Fax: 804-447-4074  
e-mail: lakecaaa@aol.com
- Counties of Brunswick, Halifax  
and Mecklenburg  
City of South Boston
- 14     **PIEDMONT SENIOR RESOURCES AREA  
AGENCY ON AGING, INC.**  
P.O. Box 398  
Burkeville, VA 23922-0398  
**Ronald Dunn, Executive Director**  
Phone: 804-767-5588   Fax: 804-767-2529  
e-mail: psraa@hovac.com
- Counties of Amelia, Buckingham,  
Charlotte, Cumberland, Lunenburg,  
Nottoway and Prince Edward
- 15     **CAPITAL AREA AGENCY ON AGING, INC.**  
24 East Cary Street  
Richmond, VA 23219-3796  
**Beverly S. Beck, Executive Director**  
Phone: 804-343-3000 or 1-800-989-2286  
Fax: 804-649-2258  
e-mail: bbeck@seniorconnections.va.org
- Counties of Henrico, Charles City,  
Chesterfield, Goochland, Hanover,  
New Kent and Powhatan  
City of Richmond
- 16     **RAPPAHANNOCK AREA AGENCY ON AGING, INC.**  
The Bowman Center, 11915 Main Street  
Fredericksburg, VA 22408-7326  
**Carol Davis, Executive Director**  
Phone: 540-371-3375   Fax: 540-371-3384  
e-mail: raaa@fls.infi.net
- Counties of Caroline, King George,  
Spotsylvania and Stafford  
City of Fredericksburg

- 17/18 **CHESAPEAKE BAY AREA AGENCY ON AGING, INC.**  
P.O. Box 610  
Urbanna, VA 23175-0610  
**Allyn Gemerek, President**  
Phone: 804-758-2386 Fax: 804-758-5773  
e-mail: bayaging@inna.net
- Counties of Essex, Gloucester,  
King & Queen, King William  
Lancaster, Middlesex, Mathews,  
Northumberland, Richmond  
and Westmoreland
- 19 **CRATER DISTRICT AREA AGENCY ON AGING**  
23 Seyler Drive  
Petersburg, VA 23805-9243  
**David Sadowski, Executive Director**  
Phone: 804-732-7020 Fax: 804-732-7232  
e-mail: craterdist@aol.com
- Counties of Dinwiddie, Greensville,  
Prince George, Surry and Sussex  
Cities of Colonial Heights, Emporia  
Hopewell and Petersburg,
- 20 **SENIOR SERVICES OF SOUTHEASTERN VIRGINIA, INC.**  
Interstate Corporate Center  
6340 Center Drive, Building 7, Suite 100  
Norfolk, VA 23502-4101  
**John Skirven, Executive Director**  
Phone: 757-461-9481 Fax: 757-461-1068  
e-mail: services@ssseva.org
- Counties of Isle of Wight and  
Southampton  
Cities of Chesapeake, Franklin,  
Norfolk, Portsmouth  
Suffolk and Virginia Beach
- 21 **PENINSULA AGENCY ON AGING, INC.**  
739 Thimble Shoals Boulevard  
Executive Center  
Building 1000, Suite 1006  
Newport News, VA 23606-3585  
**William Massey, Executive Director**  
Phone 757-873-0541 Fax: 757-873-1437  
e-mail: wmassey@whro.net
- Counties of James City & York  
Cities of Hampton, Newport News,  
Poquoson and Williamsburg
- 22 **EASTERN SHORE AREA AGENCY ON AGING -  
COMMUNITY ACTION AGENCY, INC.**  
P.O. Box 8  
49 Market Street  
Onancock, VA 23417-0008  
**Whitsey Banks, Executive Director**  
Phone: 757-787-3532 Fax: 757-787-4230  
e-mail: esaacaa@shore.intercom.net
- Counties of Accomack & Northampton
- VIRGINIA ASSOCIATION OF AREA AGENCIES ON AGING**  
530 East Main Street, Suite 428  
Richmond, VA 23219  
**Harris Spindle, Executive Director**  
Phone: 804-644-2804 Fax: 804-644-5640  
e-mail: vaaaaa@aol.com