
IN THE SUPERIOR COURT OF GUAM

IN THE MATTER OF THE GUARDIANSHIP

Superior Court Case No. SP _____

OF

An Adult,

BY

Petitioner(s).

**GUARDIANSHIP PLAN
FOR
EXISTING GUARDIANSHIP CASE
[CONFIDENTIAL]**

INSTRUCTIONS: The proposed guardian and any co-guardians should complete and sign this plan and submit it **within 30 days** of the court's notice or instructions. Updated plans should be submitted whenever a material change occurs.

This plan shall be developed in consultation with the ward. If the ward is unable to participate in developing this plan, the guardian may consult family members and any community agency involved in providing services to the person.

Use additional pages if necessary.

The primary reason the ward is eligible for a guardianship is: (Please select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Intellectual disability (e.g., MD) | <input type="checkbox"/> Chronic Mental Illness |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dementia or Alzheimer's |
| <input type="checkbox"/> Alcohol/Substance Abuse | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Old Age | <input type="checkbox"/> Weakness of Mind/Cognitive Impairment |
| <input type="checkbox"/> Medical Condition (describe): _____ | |
| <input type="checkbox"/> Other: _____ | |

THE FOLLOWING DESCRIBES THE PRESENT CONDITION OF THE WARD AND HIS/HER ESTATE:

I. LIVING ARRANGEMENTS FOR THE WARD:

1. In the last six months, the ward has lived at the following address(es):

2. The most recent address is a:

- Private home, owned by ward
- Guardian's Home
- Relative's OR Friend's home (relationship): _____
- St. Dominic's
- Assisted Living Facility (name): _____
- Hospital/Medical Facility (name): _____
- Other (please specify): _____

***If residing at a home, name any other persons living in the home and their relationship to the ward:*

- a. _____
- b. _____
- c. _____

3. If you intend to change the ward's address in the next year, identify the new location and explain why:

II. MEDICAL CARE FOR THE WARD:

1. Describe the current physical health of the ward, including all known health conditions for which treatment is being received or is proposed: _____

2. Identify medical professionals:

- a. Primary Physician & Clinic: _____
- b. Other Physician & Clinic (if applicable): _____
- c. Social Worker or other case worker: _____
- d. Therapist(s) (recreation, speech, physical, occupational): _____

- e. Other: _____
- f. Date of Last Medical Evaluation: _____
3. Does the ward have a health care directive? Yes No I do not know--
If no or unknown, state what efforts have you made to determine the ward's preferred medical treatment:
- _____
- _____
- _____

III. MENTAL HEALTH TREATMENT FOR THE WARD

1. Indicate which of the follow applies:
- The ward does not currently need mental health treatment.
- The ward receives mental health treatment. The current mental health of the ward, including all known diagnoses made by mental health professionals for which treatment is being received is:
- _____
- _____
- _____
2. Identify treating mental health professionals:
- a. Psychiatrist or Psychologist: _____
- b. Other: _____
3. Date of last mental health examination or treatment: _____

IV. SOCIAL AND SUPPORTIVE CARE FOR THE WARD

1. Is the ward currently employed? Yes No
****If yes, please provide name of employer and work schedule:** _____
- _____
2. Is the ward currently participating in any educational, vocational, or other training?
 Yes No
****If yes, please provide name of place and schedule:**
- _____
- _____
3. Describe the ward's current social activities and support services:
- _____
- _____
- _____

4. In the next year, I plan to arrange the following services to assist the ward:

- Educational or training programs
 - Vocational rehabilitation or supported work programs
 - Personal home care (e.g., home health aide)
 - Case management or social work services
 - Housing assistance and/or public benefits
 - Other (please specify):
-

5. Because of the nature of the ward's incapacity,

- The chances are good that the ward will be able to improve his/her ability to provide necessary care for himself/herself.
- It is extremely unlikely that the ward will ever return to full capacity or even be able to improve his/her ability to provide necessary care for himself/herself.

V. FINANCIAL CARE FOR THE WARD

If you have not submitted an annual accounting or inventory of assets in the past year, please list the ward's assets and debts on the attached sheet.

VI. OTHER INFORMATION

1. Does the ward have a will? Yes No

2. Please provide the names and addresses of the ward's next of kin:

Spouse/Domestic Partner: _____

Children: _____

Grandchildren: _____

Parents: _____

Brothers and/or Sisters: _____

*****Continue listing below if the above is not applicable:***

Nieces and/or Nephews: _____

Uncles and/or Aunts: _____

First Cousins: _____

Grandparents: _____

Other kin: _____

3. Provide any other information that the Court should be aware of with regard to the guardianship plan for the ward:

I have consulted with the following person(s) in preparing this guardianship plan (check all that apply):

- Ward
- Family members of the ward
- Friends of the ward
- Care providers to the ward
- Ward's attorney
- Others (please specify): _____

DECLARATION BY GUARDIAN

I, _____, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief. **I understand that except in emergencies, I will not substantially deviate from the above plan without court approval.**

Signature

Print Name

Address

Contact Number

E-mail Address

FOR CO-GUARDIAN if any:

I, _____, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief. **I understand that except in emergencies, I will not substantially deviate from the above plan without court approval.**

Signature

Print Name

Address

Contact Number

E-mail Address

