
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
[CONFIDENTIAL]

INSTRUCTIONS: The proposed guardians and any co-guardians should complete and sign this plan prior to the hearing on the Petition for Guardianship.

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

Use additional pages if necessary.

I am the proposed guardian of the above named ward. 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: _____ | |

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. My plan for the ward is to:

- continue to live at the current residence
- change residence to: _____

*****If changing residences, explain when and why:***

4. I have discussed the housing plan with the ward, and the ward:

- agrees*** with this plan. ***does not agree*** with this plan.

I have not discussed the housing plan with the ward because:

II. MEDICAL CARE FOR THE WARD: (Check all that apply)

1. Indicate which of the following applies:

- I believe the ward does not currently need treatment for any medical problems.
- I do not have enough information at this time to determine the ward's medical needs.
- I plan to seek medical evaluation of the ward to determine the following:

The ward is under medical care.

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

3. 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: _____

4. Does the ward have a healthcare directive? Yes No I do not know.

If not or unknown, state what efforts you made to determine the ward's preferred medical treatment:

III. MENTAL HEALTH TREATMENT FOR THE WARD

1. Indicate which of the follow applies:

- I do not have enough information at this time to determine the ward's mental health treatment needs.
- I believe the ward does not currently need mental health treatment.
- I plan to seek mental health evaluation of the ward to determine the following:

- 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 or is proposed is:

2. Identify treating mental health professionals:

a. Psychiatrist or Psychologist: _____

b. Other: _____

3. If the ward receives mental health treatment, do you plan to continue that treatment? Yes No – *If no, explain why:*

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:

1. Do you or another person have a current power of attorney granted by the ward?
 Yes No
2. Are you or another person a representative payee for the ward?
 Yes No
3. Do you have control over any assets or funds of the ward?
 Yes No

If yes, explain:

4. Do you plan to investigate whether ward has any type of insurance or eligible for any private benefits or government entitlements?

- Yes**, indicate which types of benefits, including the follow:
- Pension and/or income from employment
 - Other benefits from past employers
 - Social security benefits (disability, SSI, SSA retirement, SSA survivor benefits)
 - Veteran's benefits
 - Other government benefits (food stamps, public assistance, TANF)
 - Medicaid or Medicaid waiver
 - Medicare
 - Burial and funeral assistance
 - Other: _____

- No**, I do not plan to investigate because:

VI. OTHER INFORMATION

1. Have you considered less intrusive alternatives to guardianship, such as a power of attorney, an advanced healthcare directive, or a trust?

Yes No

2. Does the ward have a prepaid funeral plan?

Yes No I don't know

3. Does the ward have a will?

Yes No I don't know

4. 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: _____

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

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