

IN THE MATTER OF

Amended

Name _____

**Report and Recommendation
of Guardian ad Litem
(Annual Review)**

Date of Birth _____

Case No. _____

I am the court appointed guardian ad litem for the above-named ward. I certify to the Court that I have complied with the requirements of a guardian ad litem under §55.18 (2) (a) to (e), Wis. Stats., (except as noted in the "Additional Comments" section at the end of this report) and this Report is filed within 30 days of my appointment.

1. I have reviewed the county department's annual report of the review of the status of this ward, the Annual Report on the Condition of the Ward, and any other relevant reports on the ward's condition and placement.
2. I have personally met with the ward and contacted the ward's guardian.
3. I have orally explained to the ward and to the ward's guardian, and provided to the ward and the ward's guardian in writing, all of the following:
 - A. The procedure for review of protective placement.
 - B. The right of the ward to counsel, including when an attorney can be appointed.
 - C. The right to an independent medical or psychological examination on the issue of competency (at county expense if the ward is indigent).
 - D. The contents of the county department's annual report of the review of the status of this ward.
 - E. That a change in or termination of protective placement may be ordered by the Court.
 - F. The right to a hearing and an explanation that the ward or the ward's guardian may request a full due process hearing.

4. I have reviewed the ward's condition, placement, and rights with the ward's guardian, and I have ascertained whether the ward wishes to exercise any of the ward's rights. Based on these reviews, I make the following report:

- A. Ward's current living arrangement is

<input type="checkbox"/> a nursing home.	<input type="checkbox"/> an intermediate facility.	
<input type="checkbox"/> a center for developmentally disabled.	<input type="checkbox"/> a CBRF.	<input type="checkbox"/> an adult family home.
<input type="checkbox"/> Other: _____ Name of Facility: _____		

Is the home or facility licensed for 16 beds or greater? No Yes
- B. The ward appears to continue to meet all the standards for protective placement.

Yes No, please explain: _____
- C. The current protective placement is the least restrictive environment that is consistent with the ward's needs.

Yes No, please explain: _____
- D. The ward has a developmental disability and placement is in a nursing home or intermediate facility, and the placement is the most integrated setting appropriate to the ward's needs. Not Applicable

Yes No, please explain: _____
- E. The ward, the ward's guardian ad litem or guardian requests an independent evaluation.

No Yes, please explain: _____
- F. The ward or the ward's guardian requests modification or termination of the protective placement.

No Yes, please explain: _____
- G. The ward or the ward's guardian requests or the guardian ad litem recommends that legal counsel be appointed for the ward.

No Yes, please explain: _____
- H. The ward or the ward's guardian or the guardian ad litem requests a full due process hearing for the ward.

No Yes, please explain: _____
- I. The ward is not required to attend a Summary Hearing. Regarding the ward's attendance at a full due process hearing for this review:

it is my opinion that the ward **can attend** the hearing in Court.

I **waive** the ward's attendance after considering the ability of the ward to understand and meaningfully participate, the effect of the ward's attendance on his/her physical or psychological

health in relation to the importance of the proceedings and the ward's expressed desires. I certify the ward is unable to attend for these specific reasons: _____

the ward is **unable to attend** the hearing in Court because of residency in a nursing home or other facility, physical inaccessibility, or a lack of transportation. The ward, advocate counsel, other interested person, or I request that the court hold the hearing in a place where the ward can attend. Specify location requested: _____

5. I recommend continued protective placement in the facility in which the ward resides at this time.

Yes No, please explain: _____

6. Additional comments: _____

Guardian ad Litem

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No.