

IN THE MATTER OF

Amended

Report and Recommendation of Guardian ad Litem (Annual Review)

Name of Ward

Date of Birth

Case No. _____

I am the court appointed guardian ad litem for the above-named individual. 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 being filed within 30 days of my appointment.

1. I have reviewed the county department's annual report of the review of the status of the individual, the Annual Report on the Condition of the Ward, and any other relevant reports on the individual's condition and placement.
2. I have personally met with the individual and contacted the individual's guardian.
3. I have orally explained to the individual and to the individual's guardian, and provided to the individual and the individual's guardian in writing, all of the following:
 - A. The procedure for review of protective placement.
 - B. The right of the individual to counsel, including when a lawyer can be appointed.
 - C. The right to an independent medical or psychological examination on the issue of competency (at county expense if the person is indigent).
 - D. The contents of the county department's annual report of the review of the status of the individual.
 - 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 individual or the individual's guardian may request a full due process hearing.
4. I have reviewed the individual's condition, placement, and rights with the individual's guardian, and I have ascertained whether the individual wishes to exercise any of the individual's rights. Based on these reviews, I make the following report:
 - A. Individual's current living arrangement is: a nursing home. an intermediate facility.
 a center for developmentally disabled. a CBRF. an adult family home.
 Other: _____ Name of Facility: _____
 Is the home or facility licensed for 16 beds or greater? No Yes
 - B. The individual 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 individual's needs.
 Yes No, please explain: _____
 - D. The individual 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 individual's needs. Not Applicable
 Yes No, please explain: _____
 - E. An independent evaluation is requested by the individual, the individual's guardian ad litem or guardian.
 No Yes, please explain: _____
 - F. The individual or the individual's guardian requests modification or termination of the protective placement.
 No Yes, please explain: _____
 - G. The individual or the individual's guardian requests or the guardian ad litem recommends that legal counsel be appointed for the individual.
 No Yes, please explain: _____
 - H. The individual or the individual's guardian or the guardian ad litem requests a full due process hearing for the individual.
 No Yes, please explain: _____
 - I. Regarding the individual's attendance at the hearing:
 it is my opinion that the individual **can attend** the hearing in court.

- I **waive** the individual's attendance after considering the ability of the individual to understand and meaningfully participate, the effect of the individual's attendance on his/her physical or psychological health in relation to the importance of the proceedings and the individual's expressed desires. I certify the individual is unable to attend for these specific reasons: _____
- the individual 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; and the individual, advocate counsel, other interested person, or I request that the court hold the hearing in a place where the individual can attend. Specify location requested: _____

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

- Yes No, please explain: _____

6. Additional comments: _____

Signature of Guardian ad Litem

Name Printed or Typed

Date