

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**PROBATE DIVISION**

\_\_\_\_\_ CON \_\_\_\_\_

In re:

\_\_\_\_\_  
An Adult

**REPORT OF CONSERVATOR OF PERSON**

I am the conservator of the person of the above named ward, and my report to the Court is as follows:

1. Reporting period: \_\_\_\_\_ (insert dates)  
(The first date must be the date of appointment for the first report, and the ending date of the last report for all subsequent reports.)

2. Present age of ward: \_\_\_\_\_

3. Has the ward's address changed?  No  Yes. Attached is a Change of Address Praecipe.

State date of change: \_\_\_\_\_

State reason(s) for change of residence: \_\_\_\_\_

Ward's new address and telephone number are: \_\_\_\_\_

4. Ward's new residence is:

Private home, owned by ward

Private home, not owned by ward

Conservator of person's home

Foster or boarding home

Home of relative who is not the guardian (relationship) \_\_\_\_\_

Group home (insert name) \_\_\_\_\_

Nursing home (insert name) \_\_\_\_\_

Assisted living facility (insert name) \_\_\_\_\_

Hospital or medical facility (insert name) \_\_\_\_\_

Other (please specify): \_\_\_\_\_

***(If ward lives with conservator of person, you may skip questions 5 and 6)***

5. Date of personal visits with ward: \_\_\_\_\_

6. Were there any other contacts with the ward and/or staff at the ward's facility (e.g., telephone contacts)? No Yes Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. During this reporting period the ward's mental health has:  
Remained the same: \_\_\_\_\_  
Improved (describe): \_\_\_\_\_  
Deteriorated (describe): \_\_\_\_\_

8. During this reporting period the ward's physical health has:  
Remained the same: \_\_\_\_\_  
Improved (describe): \_\_\_\_\_  
Deteriorated (describe): \_\_\_\_\_

9. During this reporting period, the ward's professional health care team has changed as follows:  
Physician: \_\_\_\_\_  
Psychiatrist or psychologist: \_\_\_\_\_  
Social Worker or other case worker: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Podiatrist: \_\_\_\_\_  
Dietician: \_\_\_\_\_  
Therapist(s) (recreation, speech, physical, occupational): \_\_\_\_\_  
Other: \_\_\_\_\_

10. If ward does not reside in a facility, is the ward under a regular physician's care?  
No Yes  
If no, explain: \_\_\_\_\_  
List doctor's name, address, and telephone number: \_\_\_\_\_  
\_\_\_\_\_  
Date of last visit: \_\_\_\_\_

11. During this reporting period, was the ward hospitalized for any reason?  
No Yes  
Provide dates of hospitalization, facility, reason, and outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you participated in a care planning meeting during the reporting period?  
No Yes

Provide date(s) of meeting(s): \_\_\_\_\_

Explain goals established: \_\_\_\_\_

\_\_\_\_\_

13. Does the ward have a current health care directive?  No  Yes

If yes, attach copy if not previously filed (copy will be kept in a confidential location)

If no, explain: \_\_\_\_\_

\_\_\_\_\_

14. Has the ward participated in activities during this reporting period:

Yes (describe): \_\_\_\_\_

\_\_\_\_\_

None available: \_\_\_\_\_

Refuses or unable to participate: \_\_\_\_\_

15. I rate the ward's living arrangement as:

Excellent  Average  Below Average (explain): \_\_\_\_\_

\_\_\_\_\_

16. I believe that the ward is:  Content  Unhappy with living arrangement. If unhappy, explain why: \_\_\_\_\_

\_\_\_\_\_

I don't know.

17. I believe that the ward has the following unmet (physical, mental health, social, or basic) needs: \_\_\_\_\_

\_\_\_\_\_

What is being done to address these unmet needs? \_\_\_\_\_

\_\_\_\_\_

18. In my opinion this conservatorship of the person  should be  should not be continued. If not, explain: \_\_\_\_\_

\_\_\_\_\_

19. My powers should

Remain the same

Increase as follows: \_\_\_\_\_

Decrease as follows: \_\_\_\_\_

I wish to resign as conservator of the person. Attached is a Petition to resign.

19. Has conservator of person's mailing address or telephone number changed during the reporting period?

No       Yes. Attached is a Change of Address Praecipe.

20. Conservator of person's relationship to ward:

Family Member (relation) \_\_\_\_\_  Friend

Member of Fiduciary Panel

21.  I am also the conservator of the property  I am not the conservator of the property, but I have handled the ward's funds:

a. Total amount received and source: \_\_\_\_\_

\_\_\_\_\_

b. Total amount expended and for what purposes: \_\_\_\_\_

\_\_\_\_\_

c. Balance currently in my possession or control and location: \_\_\_\_\_

\_\_\_\_\_

I am not the conservator of the property and have not handled the ward's funds.

22. Provide any other information that you feel the Court should know concerning the conservatorship of the person or the ward. (Note: If necessary, attach additional pages.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **VERIFICATION**

I, \_\_\_\_\_ being first duly sworn, on oath, depose and say that I have read the foregoing pleadings by me subscribed and that the facts therein stated are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of Conservator of Person

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Address (Actual address/not Post Office Box)

\_\_\_\_\_

\_\_\_\_\_

Telephone number

\_\_\_\_\_

E-mail address (optional)

\_\_\_\_\_

Bar Number (if filer is an attorney)

Subscribed and sworn to before me this \_\_\_\_\_ day \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_

Notary Public/Clerk

**CERTIFICATE OF SERVICE**

I certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

\_\_\_\_\_

Signature