



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF SENIOR AND DISABILITY SERVICES

COURT SUMMARY: GUARDIANSHIP/CONSERVATORSHIP REVIEW FORM

A. DEMOGRAPHIC INFORMATION

ELIGIBLE ADULT NAME (FIRST)	(MIDDLE)	(LAST)
OTHER NAMES THE ELIGIBLE ADULT IS KNOWN BY MAIDEN NAME ALIAS	ALIAS	ALIAS
CURRENT LOCATION		
PREVIOUS PHYSICAL ADDRESS(ES) (PAST THREE YEARS, STARTING WITH MOST RECENT)		
COUNTY OF CURRENT RESIDENCE	SOCIAL SECURITY NUMBER	DCN
DATE OF BIRTH		
PHONE NUMBER HOME	CELL	OTHER

B. INCOME AND RESOURCES (ASSETS)

1. ACCOUNTS

A. TYPE	B. TYPE	C. TYPE
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
VALUE	VALUE	VALUE
NAME AND ADDRESS OF FINANCIAL INSTITUTION	NAME AND ADDRESS OF FINANCIAL INSTITUTION	NAME AND ADDRESS OF FINANCIAL INSTITUTION

2. PROPERTY

A. TYPE	B. TYPE	C. TYPE
VALUE	VALUE	VALUE
TITLED NAME(S)	TITLED NAME(S)	TITLED NAME(S)
LOCATION/ADDRESS OF PROPERTY	LOCATION/ADDRESS OF PROPERTY	LOCATION/ADDRESS OF PROPERTY

3. INCOME

A. SOURCE	B. SOURCE	C. SOURCE
AMOUNT	AMOUNT	AMOUNT
FREQUENCY	FREQUENCY	FREQUENCY

C. INVOLVED PERSONS (ATTACH A SEPARATE SHEET OF PAPER, IF NECESSARY)

1. NAME	2. NAME	3. NAME
RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER(S)	PHONE NUMBER(S)	PHONE NUMBER(S)
4. NAME	5. NAME	6. NAME
RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER(S)	PHONE NUMBER(S)	PHONE NUMBER(S)
7. NAME	8. NAME	9. NAME
RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT	RELATIONSHIP TO ELIGIBLE ADULT
ADDRESS	ADDRESS	ADDRESS
PHONE NUMBER(S)	PHONE NUMBER(S)	PHONE NUMBER(S)

D. NAME(S) OF EXISTING POWER OF ATTORNEY, DURABLE POWER OF ATTORNEY, GUARDIAN, CONSERVATOR, OR TRUSTEE

1. NAME	2. NAME	3. NAME
ROLE	ROLE	ROLE
PHONE NUMBER(S)	PHONE NUMBER(S)	PHONE NUMBER(S)
ADDRESS	ADDRESS	ADDRESS

E. CAPACITY TO CONSENT

1. Describe the Eligible Adult’s physical or mental condition, which prevents him/her from receiving, evaluating, and/or communicating information necessary to meet his/her basic needs (*food, shelter and personal care*).

2. What are your observations regarding the Eligible Adult's capacity to understand the consequences of his/her actions/decisions?
Include documentation of the Eligible Adult's actions as well as APCW questions and Eligible Adult's responses.
3. Document a detailed history of DSDS involvement and how the Eligible Adult's situation has changed to warrant the pursuit of guardianship/conservatorship at this time. *Include case timelines, descriptions of current situation, description of hotline history, police investigations/911 calls, involvement of other agencies, and the reason(s) why current durable power of attorney, power of attorney or guardian is not working.*
4. Is there a signed and notarized physician's interrogatory indicating what symptomology prevents the Eligible Adult from processing information which affects performance of the ADLs?
☐ Yes ☐ No
a. If yes, by whom and when?

b. If no, explain.
5. Has the Eligible Adult had a psychological evaluation?
☐ Yes ☐ No
a. If yes, by whom and when?

b. Briefly summarize the results of the evaluation.
6. Is there evidence that the Eligible Adult's physical or mental condition can be expected to improve?
☐ Yes ☐ No
a. Explain.

F. FAMILY/FRIEND INVOLVEMENT

1. Has family been contacted?
☐ Yes ☐ No
2. Are there family and/or friends that are involved or willing to become involved?
☐ Yes ☐ No
a. Explain.
3. Are there family members or friends that would be more appropriate to file this petition?
☐ Yes ☐ No
a. Explain.

G. DOCUMENTATION OF LEAST RESTRICTIVE ENVIRONMENT OPTION AND/OR INTERVENTIONS

1. What other options have been explored? Include attempted guardianships/conservatorships.

2. Are there agencies involved that would be more appropriate to file?

3. List formal and informal supports, indicating effectiveness of each.

SUBMITTED BY

ADULT PROTECTIVE COMMUNITY WORKER	ADULT PROTECTIVE COMMUNITY SUPERVISOR
COUNTY	COUNTY
ADDRESS	ADDRESS
CITY/STATE/ZIP	CITY/STATE/ZIP
PHONE	PHONE
E-MAIL	E-MAIL