**PROPOSED GUARDIAN/CONSERVATOR’S PLANS**

Name of Respondent: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current residence of Respondent: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of proposed guardian: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. How were you selected by the Petitioner?
2. What is your knowledge of Respondent’s background and current status including assessment of Respondent’s capabilities and needs?
3. Persons with whom you have had contact regarding Respondent’s background and needs.

Name

Relationship

1. Your plans for Respondent’s care if appointed as guardian/conservator.
2. If you are a Certified Professional Guardian (CPG) you are bound by Standards of Practice (SOP). In particular how do you customarily meet the requirements of the 400 series in the SOPs to involve the Respondent in decision making including assessing the Respondent’s interests, preferences, and opinions?

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Signature of Proposed Guardian Date

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Name of Proposed Guardian