

## ADULT GUARDIAN/CONSERVATOR PACKET

The following site offers free printable and fillable pdf. forms:

<http://www.courtswv.gov/lower-courts/mental-hygiene/index-mental-hygiene.html>

### **COSTS:**

**COST OF THIS PACKET**.....\$2.00..... DUE WHEN PACKET RECEIVED

**FILING FEE**.....\$110.00..... DUE AT TIME OF FILING

### **SERVICE FEES:**

**\*\*Protected person MUST be served personally either by sheriff or private process server, all other immediate family members must be served by sheriff, private process server or certified mail. If petitioner chooses for the circuit clerk to issue service on the parties the following costs are added to the filing fee:**

**BY SHERIFF**.....\$25.00..... DUE AT TIME OF FILING

+ COPY FEE OF \$1 PER PAGE

**OR**

**BY CERTIFIED MAIL** \$20.00 ..... DUE AT TIME OF FILING

+ COPY FEE OF \$1 PER PAGE

**A CONVENIENCE FEE IS ALSO APPLIED IF PAYING BY CREDIT OR DEBIT CARD.**

- The Circuit Clerk's office offers printed copies of the mandatory education packet, please ask for a packet after filling your petition. You may also review this material online by visiting:  
<http://www.courtswv.gov/public-resources/guardian-conservator/tableOfContents.html>
- The Circuit Clerk's office staff is, by law, not permitted to assist you with legal questions.

Monroe Circuit Clerk:

304-772-3017

PO Box 350

Union, WV 24983

**PLEASE COME BEFORE 3:00 PM TO FILE.**

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE:

Case No.: - G32-

Date: \_\_\_\_\_

AN ALLEGED PROTECTED PERSON

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**PETITION FOR THE APPOINTMENT OF A GUARDIAN/CONSERVATOR**

[West Virginia Code: § 44A-1-1, et seq.]

**INSTRUCTIONS TO APPLICANT**

- A. All information must be printed or typed and be clearly readable.
  - B. All information requested *MUST* be provided, if known. If unknown, you must state it is unknown.
  - C. Any petition which does not provide the necessary information, or is unreadable, may be dismissed for incompleteness. Please be sure you read and answer all questions.
  - D. In this document, the PROTECTED PERSON is the person for whom a guardian or conservator is sought. The person requesting the appointment is the PETITIONER. (Two or more petitioners may apply to serve as co-guardians or co-conservators. If so, the required information must be completed for all petitioners.)
  - E. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response of such page(s) with the number of the applicable question. *[If completing this form on the computer, continuation sheets are provided for you at the end of this form (following the filing notes).]*
  - F. Additional guidelines and instructions are contained on Pages 8 and 9. Please read these instructions carefully since substantial delays may result from failure to perform all the requirements of law.
  - G. **WARNING:** If a guardian or conservator is appointed for an individual who is unable to handle their affairs due to mental illness or insanity, the individual will be:
    - (1) prohibited from possessing and receiving firearms and ammunition, in some cases for his or her entire life,
    - (2) required to immediately surrender ANY firearms owned or in his or her possession,
    - (3) reported to both federal and state database registries used for firearm purchases and permits/licenses to carry concealed weapons, and
    - (4) subject to future criminal charges for possession or receipt of firearms or ammunition.Conviction in West Virginia can result in a fine up to \$1,000.00 or jail time of up to one year. Federal conviction is a FELONY and can result in fines and jail time up to TEN years. (See, W.Va. Code § 61-7-7 and 18 U.S.C.A. § 924(a)(2))
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**PART I**  
**INFORMATION ABOUT THE PETITIONER**

1. PETITIONER'S [your] FULL NAME: \_\_\_\_\_
2. PETITIONER'S [your] PLACE OF RESIDENCE: \_\_\_\_\_
3. PETITIONER'S [your] POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
- TELEPHONE NUMBER: WORK: \_\_\_\_\_ HOME: \_\_\_\_\_
4. WHAT IS YOUR RELATIONSHIP TO THE PROTECTED PERSON: \_\_\_\_\_

**PART II**  
**INFORMATION ABOUT THE PROTECTED PERSON**

5. FULL NAME OF PROTECTED PERSON: \_\_\_\_\_
6. PROTECTED PERSON'S DATE OF BIRTH [MM/DD/YYYY]: \_\_\_\_\_
7. PROTECTED PERSON'S PLACE OF BIRTH [state or country]: \_\_\_\_\_
8. PROTECTED PERSON'S RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
9. PROTECTED PERSON'S CURRENT LOCATION: \_\_\_\_\_
10. PROTECTED PERSON'S POST OFFICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_
11. PROTECTED PERSON'S GENDER [initial one]: \_\_\_\_\_ male or \_\_\_\_\_ female
12. PROTECTED PERSON'S RACE [initial one]: \_\_\_\_\_ American Indian or Alaska Native,  
\_\_\_\_\_ Asian, \_\_\_\_\_ Black or African American, \_\_\_\_\_ Hispanic or Latino,  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander, or \_\_\_\_\_ White
13. PROTECTED PERSON'S HEIGHT: \_\_\_\_\_ feet, and \_\_\_\_\_ inches
14. PROTECTED PERSON'S NATURAL EYE COLOR [initial one]: \_\_\_\_\_ black, \_\_\_\_\_ blue,  
\_\_\_\_\_ brown, \_\_\_\_\_ gray, \_\_\_\_\_ green, \_\_\_\_\_ hazel, \_\_\_\_\_ maroon,  
\_\_\_\_\_ multicolored, or \_\_\_\_\_ pink

### PART III

#### INFORMATION ABOUT THE PROTECTED PERSON'S RELATIVES

*You are required to provide information about the Protected Person's nearest relatives. You must answer each question fully and completely. If additional space is needed, attach additional page(s) as necessary.*

15. DOES THE PROTECTED PERSON HAVE A SPOUSE AND/OR CHILDREN? ☐ YES ☐ NO  
*If you have answered "YES," complete the following and then go to PART IV. If you have answered "NO," go to question 16.*

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S POST OFFICE ADDRESS: \_\_\_\_\_

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. DOES THE PROTECTED PERSON HAVE PARENTS, BROTHERS AND/OR SISTERS? ☐ YES ☐ NO  
**IMPORTANT NOTE:** *Provide the following information ONLY if you have answered "NO" to question 15 above. If you have answered "YES," to this question, complete the information requested below and go to PART IV. If you have answered "NO," go to question 17 below.*

FULL NAME(S) AND POST OFFICE ADDRESSES OF EACH OF PROTECTED PERSON'S PARENTS AND BROTHERS AND SISTERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **IMPORTANT NOTE:** *Provide the following information ONLY if you have answered "NO" to BOTH questions 15 and 16 above.*

LIST THE PROTECTED PERSON'S NEAREST KNOWN RELATIVES, AND THE POST OFFICE ADDRESS(ES) FOR EACH, WHO WOULD BE ENTITLED TO SUCCEED TO THE PROTECTED PERSON'S ESTATE BY INTTESTATE SUCCESSION AS SET FORTH IN *WEST VIRGINIA CODE: § 42-1-11, et. seq.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV**  
**OTHER REQUIRED INFORMATION**

18. LIST ANY INDIVIDUAL AND/OR FACILITY, INCLUDING ANY PERSON ACTING AS A DE FACTO GUARDIAN, DE FACTO CONSERVATOR, MEDICAL POWER OF ATTORNEY, REPRESENTATIVE, OR APPOINTED SURROGATE, THAT IS RESPONSIBLE FOR THE PROTECTED PERSON'S CARE OR CUSTODY.

NAME OF THE INDIVIDUAL OR FACILITY: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

INDIVIDUAL'S OR FACILITY'S POST OFFICE ADDRESS: \_\_\_\_\_

**IMPORTANT NOTE:** If you have named any individual and/or facility in this question, you **MUST** provide a detailed listing of the acts performed by any and all such persons and/or facilities on behalf of the protected person on a separate sheet which **MUST** be attached to this petition.

19. HAS ANY PERSON BEEN DESIGNATED AS A SURROGATE DECISION MAKER FOR THE PROTECTED PERSON? *A "surrogate decision maker" is an adult individual or individuals who are reasonably available, are willing to make health care decisions on behalf of an incapacitated person, and are identified as such by the person's attending physician in accordance with West Virginia Code: § 16-30B-3(p).* ☐ YES ☐ NO

*If "YES," provide information requested below. If "NO," go to question 20.*

NAME(S) OF THE SURROGATE DECISION MAKER(S): \_\_\_\_\_

SURROGATE(S) PLACE OF RESIDENCE(S): \_\_\_\_\_

SURROGATE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_

20. DOES THE PROTECTED PERSON HAVE A REPRESENTATIVE OR REPRESENTATIVES DULY APPOINTED UNDER A DURABLE POWER OF ATTORNEY, MEDICAL POWER OF ATTORNEY AND/OR A LIVING WILL? ☐ YES ☐ NO

*If "YES," complete the information requested below AND attach a copy of any such document with this petition. If "NO," go to question 21.*

NAME(S) OF REPRESENTATIVE(S): \_\_\_\_\_

REPRESENTATIVE(S) PLACE OF RESIDENCE OR LOCATION: \_\_\_\_\_

REPRESENTATIVE(S) POST OFFICE ADDRESS(ES): \_\_\_\_\_



21. WILL THE PROTECTED PERSON'S INCAPACITY PREVENT THE PROTECTED PERSON FROM ATTENDING THE HEARING ON THIS PETITION? ☐ YES ☐ NO

*If "YES," you must provide the reason(s) in the space below.*

REASON(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[IMPORTANT NOTE:** The Court cannot conduct a hearing on the merits of this petition without the presence of the protected person unless one of the following is submitted to the Court at the beginning of the hearing: (1) a physician's affidavit (GC Form 5), (2) qualified expert testimony or, (3) evidence that the person refuses to appear. **SEE:** West Virginia Code: § 44A-2-9(c).]

22. WHAT TYPE OF GUARDIANSHIP OR CONSERVATORSHIP IS BEING REQUESTED? *Check all appropriate spaces:* ☐ TEMPORARY GUARDIANSHIP ☐ LIMITED GUARDIANSHIP  
☐ GUARDIANSHIP ☐ TEMPORARY CONSERVATORSHIP  
☐ LIMITED CONSERVATORSHIP ☐ CONSERVATORSHIP

LIST THE REASON OR REASONS SUPPORTING THE TYPE OR TYPES OF GUARDIANSHIP OR CONSERVATORSHIP REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. IF A LIMITED **GUARDIANSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF PROTECTION AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. IF A LIMITED **CONSERVATORSHIP** IS BEING REQUESTED, INDICATE THE SPECIFIC AREAS OF MANAGEMENT AND ASSISTANCE TO BE INCLUDED IN THE ORDER OF APPOINTMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**25. NAME OF THE PROPOSED GUARDIAN:**

PROPOSED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

**26. NAME OF THE PROPOSED CONSERVATOR:**

PROPOSED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

**27. HAS THE PROTECTED PERSON NOMINATED A GUARDIAN OR CONSERVATOR DIFFERENT FROM THE PROPOSED GUARDIAN OR CONSERVATOR? ☐ YES ☐ NO**

NOMINATED GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

NOMINATED CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

IF AN INDIVIDUAL IS BEING PROPOSED, PROVIDE THE FOLLOWING INFORMATION ABOUT THE INDIVIDUAL:

AGE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO PROTECTED PERSON: \_\_\_\_\_

28. PROVIDE THE NAME(S) AND ADDRESS(ES) OF ANY GUARDIAN OR CONSERVATOR CURRENTLY ACTING ON BEHALF OF THE PROTECTED PERSON IN WEST VIRGINIA OR ELSEWHERE:

ACTING GUARDIAN: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

ACTING CONSERVATOR: \_\_\_\_\_

POST OFFICE ADDRESS: \_\_\_\_\_

29. HAS ANY INDIVIDUAL PROPOSED, NOMINATED OR ACTING GUARDIAN OR CONSERVATOR, WHOSE NAME IS LISTED IN ANY OF THE ANSWERS TO QUESTIONS 25 THROUGH 28, EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A TRAFFIC OFFENSE? *[check one]*  
☐ YES ☐ NO *If the answer to this question is "YES," list the name of each such individual **AND** provide the **CRIMINAL HISTORY** of that individual:* \_\_\_\_\_

I, the Petitioner named in the foregoing *Petition for the Appointment of a Guardian/Conservator* hereby respectfully request that the Circuit Court set this matter for hearing and, following such hearing, appoint a guardian and/or conservator for the protected person named herein as requested and petitioned.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner's Counsel

Bar ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**ALL PETITIONERS MUST NOTE THE FOLLOWING MATTERS ABOUT FILING THIS PETITION:**

1. This petition must be filed in the Office of the Clerk of the Circuit Court of the County in West Virginia where the Protected Person resides, OR the County where the Protected Person has been admitted to a health care or correctional facility OR, in the case of a missing person (a person who is absent from his or her usual place of residence in West Virginia and whose whereabouts are unknown for a period of six months or more), the petition must be filed in the County in which the missing person last resided. If this is not the case, ask for assistance from the Circuit Court Clerk.
2. You are required to pay a filing fee of \$110.00 to the Clerk of the Circuit Court upon filing of this petition. As the Petitioner, you are responsible for the payment of this fee and any other fees required for service of process, court costs, and for copies of court documents and transcripts. Once a guardian or conservator has been appointed, such fees may be reimbursed by the Protected Person's estate, but only if an appointment is made and only if funds are available for reimbursement. *West Virginia Code: §§ 44A-2-1(c) and 59-1-1, et. seq.*, provide that if you are pecuniarily unable to advance these fees, you will not be required to pay the fees and costs. Ask the Court Clerk for assistance if you are unable to advance these fees and costs.
3. You are required to submit additional documents with this petition. Unless the Court, for good cause shown, has waived it, you **MUST** file an **EVALUATION REPORT**, GC Form 4, which is a required evaluation and report on the condition of the Protected Person which must be completed by a licensed psychologist or physician. If you do not have this report, you may obtain a blank form from the Circuit Court Clerk. It is your responsibility to arrange for an examination and completion of this form prior to filing. You may also be required to file a **PHYSICIAN'S AFFIDAVIT**. See the note to Question 21. If the Protected Person has executed a durable power of attorney, a medical power of attorney or a living will, you must attach copies of these documents to this petition as directed by Question 20.
4. Upon proper and complete filing of the Petition, the Court will issue a **NOTICE OF HEARING** that establishes the date, time and location of the hearing on the Petition. It is the **PETITIONER'S** responsibility to insure that the following parties are served with a copy of court documents as follows:
  - (a) The Protected Person must be served by Personal Service of Process not later than fourteen (14) days prior to the date of the hearing. The documents which must be served upon the Protected Person are:
    1. The Notice of Hearing, and
    2. This Petition, and
    3. The Evaluation report.Upon request and payment of the appropriate fee, the Court Clerk can arrange to have this accomplished by the County Sheriff. As an alternative, you may employ a private process server to effect service, provided that service is made as required by law.
  - (b) You must also serve every individual who has reached the age of seven (7) years or older, and every entity whose names and post office addresses appear in the Petition. The documents required to be served upon these individuals/entities are:
    1. The Notice of Hearing, and
    2. This Petition.This service is made by sending each Notice and Petition by certified mail, return receipt requested, at least fourteen (14) days before the hearing. You are further required to submit the certified mail return receipts to the Court Clerk for filing on or before the hearing date. It is your responsibility to obtain proper service and file the required documentation with the Circuit Clerk **BEFORE** the hearing.

**IMPORTANT NOTE:** *A failure by the Petitioner to properly serve the Protected Person and/or other individuals as required by law will likely result in delay of the hearing or, possibly, dismissal of the petition. Make sure ALL parties are served as required. The Protected Person cannot waive this requirement. If you have questions, consult an attorney for advice.*

5. Under *West Virginia Code*: § 44A-2-7, the Circuit Court is required to appoint an attorney to represent the Protected Person. You have the right to retain an attorney of your choosing to represent you in this matter, which is not mandatory, but is mentioned merely to insure that you understand that you have the right to be represented by an attorney at this hearing.
6. If you are seeking the appointment of a conservator, you ***MUST*** file a "Statement of Financial Resources" with the Court any time *prior to the hearing*. The Circuit Clerk has a blank form which you may obtain for completion before the hearing.
7. A person who is appointed as a guardian or conservator will be required to complete mandatory education within thirty days of a finding that he or she should be appointed as a guardian or conservator and must file an affidavit indicating that such education has been completed. If you are unsure about any matter contained in these instructions, you may ask the Circuit Clerk for assistance. However, the Court and Clerk are prohibited from providing legal advice. *If you need legal advice, you should contact an attorney.*

**This form (SCA CG 902-1) must be completed by a physician. It is recommended to file this form with the petition. Filing this form in a timely manner helps ensure prompt service on the alleged protected person and prevents a delay in the hearing.**

## EVALUATION REPORT OF LICENSED PHYSICIAN/PSYCHOLOGIST

### INSTRUCTIONS FOR COMPLETION OF REPORT

- A. This form is a required submission under *West Virginia Code*: § 44A-2-3 in a case seeking the court appointment of a guardian and/or conservator for an alleged "protected person" and must be completed by a licensed physician or psychologist. Since the law requires that this report address certain matters contained in the Petition seeking such appointment, it will be necessary for you to have a true copy of the completed Petition before you complete this form. Please insure that the Petitioner has provided you with a copy of the Petition intended to be filed.
- B. All information provided in this report must be printed or typed and be clearly readable.
- C. All information requested *MUST* be provided, if known. If unknown, you must state it is unknown.
- D. Please be sure you read and answer all questions carefully and in as much detail as possible.
- E. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable question.

I, \_\_\_\_\_, a licensed [check category] \_\_\_\_\_ physician  
\_\_\_\_\_ psychologist, in the State of \_\_\_\_\_, license number \_\_\_\_\_,  
hereby certify that I have examined and/or evaluated the condition of [insert name of alleged Protected Person here]  
\_\_\_\_\_, and that the examination(s) or assessment(s) performed  
which form the basis of this report were conducted on the following date(s): \_\_\_\_\_  
\_\_\_\_\_, and hereby submit this report and evaluation with the  
following findings:

- 1. *West Virginia Code*: § 44A-1-4(13) defines a "protected person" as an adult individual, eighteen years of age or older, who has been found by a court, because of mental impairment, to be unable to:
  - (a) receive and evaluate information effectively, OR
  - (b) respond to people, events and environments to such an extent that the individual lacks the capacity to either:
    - (i) meet the essential requirements for his or her health, care, safety, habitation, or therapeutic needs without the assistance or protection of a guardian, OR
    - (ii) manage property or financial affairs or provide for his or her support or for the support of legal dependents without the assistance or protection of a conservator.

This same section also provides that even if the Court determines that the person displays poor judgment, this finding alone is not sufficient evidence to determine that the person is a "protected person" as defined above.

CONSIDERING THIS DEFINITION, IN MY OPINION, I FIND THE ALLEGED PROTECTED PERSON  
[initial appropriate finding]:

\_\_\_\_\_ **IS NOT** INCAPACITATED [If you have Initialed this finding, go to Question 2]

\_\_\_\_\_ **LACKS** CAPACITY [If you have Initialed this finding, complete Questions 1a and, 1b below]

1a. DESCRIBE THE NATURE, TYPE AND EXTENT OF THE PERSON'S INCAPACITY:

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1b. THE PERSON'S SPECIFIC COGNITIVE AND FUNCTIONAL LIMITATIONS ARE:

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2. MY EVALUATION OF THE PERSON'S MENTAL AND PHYSICAL CONDITION IS AS FOLLOWS [Where appropriate, include an evaluation of the Person's educational condition, adaptive behavior and social skills]:

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3. IS THE PERSON UNABLE TO HANDLE HIS OR HER OWN AFFAIRS DUE TO MENTAL ILLNESS OR INSANITY? *[initial appropriate response]* \_\_\_\_\_ YES \_\_\_\_\_ NO

If "Yes", what is the mental illness or insanity diagnosis?

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If the person is unable to handle his or her own affairs due to mental illness or insanity, please provide the following:

3a. The gender of the Respondent is *[initial one]* \_\_\_\_\_ male or \_\_\_\_\_ female.

3b. The race of the Respondent is believed to be *[initial one]* \_\_\_\_\_ White, \_\_\_\_\_ Black or African American, \_\_\_\_\_ Hispanic or Latino, \_\_\_\_\_ Asian, \_\_\_\_\_ American Indian or Alaska Native, or \_\_\_\_\_ Native Hawaiian or Other Pacific Islander, or \_\_\_\_\_ unknown.

3c. The height of the Respondent is \_\_\_\_\_ feet, and \_\_\_\_\_ inches.

3d. The natural eye color of the Respondent is \_\_\_\_\_ brown, \_\_\_\_\_ blue, \_\_\_\_\_ green, \_\_\_\_\_ hazel, or \_\_\_\_\_ other.

4. IF THE PETITION CONTAINS A REQUEST FOR A GUARDIAN, TEMPORARY GUARDIAN AND/OR, LIMITED GUARDIAN, DESCRIBE THE SERVICES, IF ANY, CURRENTLY BEING PROVIDED FOR THE PERSON'S HEALTH, CARE, SAFETY, HABILITATION OR THERAPEUTIC NEEDS. INCLUDE A RECOMMENDATION AS TO THE MOST SUITABLE LIVING ARRANGEMENT AND, WHERE APPROPRIATE, THE MOST SUITABLE TREATMENT OR HABILITATION PLAN AND THE REASON'S FOR SUCH RECOMMENDATION(S):

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5. IT IS MY OPINION THAT THE APPOINTMENT OF *[initial appropriate office]*

\_\_\_\_\_ A GUARDIAN

\_\_\_\_\_ A CONSERVATOR

\_\_\_\_\_ A GUARDIAN AND A CONSERVATOR

IS NECESSARY FOR THIS PERSON.

6. THE TYPE AND SCOPE OF GUARDIANSHIP AND/OR CONSERVATORSHIP NEEDED, AND THE REASONS THEREFOR, ARE AS FOLLOWS:

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7. IF THE PETITION STATES THAT THE PERSON'S INCAPACITY WILL PREVENT THE PERSON'S ATTENDANCE AT THE HEARING *[SEE: Petition for Appointment of Guardian/Conservator, Page 4, Question 16]*, IT IS MY OPINION THAT SUCH ATTENDANCE AT THE HEARING *[initial appropriate finding]*:

\_\_\_\_\_ **WOULD** BE DETRIMENTAL TO THE PERSON'S HEALTH, CARE AND/OR SAFETY.

\_\_\_\_\_ **WOULD NOT** BE DETRIMENTAL TO THE PERSON'S HEALTH, CARE AND/OR SAFETY.

**IMPORTANT NOTE:** If a protected person is unable to appear at the hearing, the law requires that one of the following be submitted to the Court at the beginning of the hearing: (1) a physician's affidavit (*GC Form 5*), (2) qualified expert testimony, or (3) evidence that the person refuses to appear. *SEE: West Virginia Code: § 44A-2-9(c)*. This Evaluation Report is **NOT** the required physician's affidavit. The affidavit is a separate form which may only be completed by a physician.]

8. IF IT APPEARS THE PERSON WILL ATTEND THE HEARING, IS THE PERSON ON ANY MEDICATION(S) THAT MAY AFFECT THE PERSON'S ACTIONS, DEemeanor, AND PARTICIPATION AT THE HEARING?

\_\_\_\_\_ YES \_\_\_\_\_ NO *[If "YES," describe the medication and the affect(s) such medication(s) may have]*

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I, the undersigned evaluating physician/psychologist named on page 1 of this Report, do hereby certify that the foregoing report is complete and accurate to the best of my information and belief. I further certify that other individuals *[initial appropriate category]* \_\_\_\_\_ DID \_\_\_\_\_ DID NOT perform, supervise or review the assessment(s) or examination(s) upon which this Report is based, or otherwise made substantial contributions toward this Report's preparation. *[If you Initialed "DID," see note below and secure signatures of all such individuals on page 5.]*

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

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**EVALUATING PHYSICIAN/PSYCHOLOGIST**

*[West Virginia Code: § 44A-2-3(7) also requires the signatures of "... any other individuals who performed, supervised or reviewed the assessments or examinations upon which the report is based. . . ." or of any other person who made substantial contributions towards the report's preparation.]*

We, the undersigned individuals, hereby certify that each individual signatory executing this Report below performed, supervised and/or reviewed the assessment(s) and/or examination(s) upon which the foregoing report is based, or made a substantial contribution toward the preparation of this Report, and that by signing below, each individual further certifies that to the best of his or her information and belief, the information contained in the foregoing report is complete and accurate.

_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>PRINT NAME AND TITLE</b>
_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>PRINT NAME AND TITLE</b>
_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>PRINT NAME AND TITLE</b>
_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>PRINT NAME AND TITLE</b>
_____ <b>DATE</b>	_____ <b>SIGNATURE</b>	_____ <b>PRINT NAME AND TITLE</b>

This form (SCA CG 902A) is optional and is to be used only if the alleged protected person cannot attend a court hearing. It must be completed by a physician.

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_  
AN ALLEGED PROTECTED PERSON

**AFFIDAVIT OF PHYSICIAN**  
*[West Virginia Code: § 44A-2-9(c)]*

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to-wit:

This day, personally appeared before me the undersigned physician who, having been first duly sworn, says, represents and certifies as follows:

I, \_\_\_\_\_, a licensed physician in the State of \_\_\_\_\_, hereby certify that I have examined and/or evaluated the condition of [Insert name of alleged protected person here] and that in my expert opinion, this individual cannot attend the hearing addressing whether a guardian or conservator should be appointed for this individual for the following reasons *[check applicable reasons and provide supporting facts in spaces provided and attach additional pages, if necessary]*:

\_\_\_\_\_ The presence of the individual is not possible due to a physical inability. The basis for this opinion is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Requiring the presence of the individual would significantly impair the individual's health.

Explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Other Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
**SIGNATURE OF PHYSICIAN**

The foregoing affidavit was taken, subscribed and sworn to before me by the said \_\_\_\_\_, in my said County and State on this, the \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

Given under my hand and **NOTARIAL SEAL**

**[AFFIX NOTARIAL SEAL]**

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_

**This form must be filed prior to the hearing  
date if any petitioner is seeking  
Conservatorship of the alleged protected  
person.**

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

*For Clerk's Use Only*

IN RE: \_\_\_\_\_, AN ALLEGED PROTECTED PERSON

DATE FILED: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ - G - \_\_\_\_\_

**STATEMENT OF FINANCIAL RESOURCES**

**[West Virginia Code: § 44A-2-4]**

The Petitioner, in any case where the appointment of a *conservator* is requested, is required to submit a reasonably detailed statement of the financial resources of the alleged Protected Person. **This form does not need to be completed or filed if the only relief requested is for the appointment of a guardian.** This form must be completed in its entirety and filed with the Clerk of the Circuit Court *prior to the hearing* to be held on the petition to appoint a conservator. The Petitioner should make a reasonable investigation into the Protected Person's real and personal assets and income, no matter where those assets may be located, and report the findings in this Statement. ***Attach additional pages as necessary.***

1. ALLEGED PROTECTED PERSON'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. TO THE EXTENT KNOWN, WHAT IS THE FAIR MARKET VALUE OF THE PROTECTED PERSON'S REAL ESTATE OR REAL PROPERTY? *[check whether each parcel of real estate is improved or unimproved and give a brief description of the land (size) and improvements (if any), the location of the parcel (state, county, district), and the fair market value of the parcel]*

PARCEL 1: Improved? \_\_\_\_\_ Yes \_\_\_\_\_ No. Description: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

PARCEL 2: Improved? \_\_\_\_\_ Yes \_\_\_\_\_ No. Description: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_ VALUE \$ \_\_\_\_\_

***[Describe any additional parcels on a separate sheet using the format above, then add the values of all parcels and enter the total in the space below.]***

COMBINED VALUE OF ALL REAL ESTATE VALUE \$ \_\_\_\_\_

3. TO THE EXTENT KNOWN, WHAT IS THE APPROXIMATE VALUE OF ALL THE PROTECTED PERSON'S PERSONAL PROPERTY? *[Personal property includes cash on hand or in bank (or other) accounts, stocks, bonds, furniture, automobiles, jewelry, debts due from others (notes/accounts receivable) and other assets not considered to be real estate. List each item or classification of personal property]*

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

ITEM(S): \_\_\_\_\_ VALUE \$ \_\_\_\_\_

*[Describe any additional personal property on a separate sheet using the format above, then add the values of all the listed items and enter the total in the space below.]*

COMBINED VALUE OF ALL ITEMS OF PERSONAL PROPERTY VALUE \$ \_\_\_\_\_

4. TO THE EXTENT KNOWN, WHAT IS THE ANTICIPATED ANNUAL GROSS INCOME OR OTHER RECEIPTS OF THE PROTECTED PERSON? *[List each source of income and the anticipated annual amount of income from that source]*

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

SOURCE: \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

*[List any additional sources of annual income on a separate sheet using the format above, then add the income from all sources and enter the total in the space below.]*

TOTAL ANNUAL INCOME FROM ALL SOURCES: \$ \_\_\_\_\_

5. SUMMARY OF ASSETS & ANNUAL INCOME

COMBINED VALUE OF ALL REAL ESTATE (Question 2 total) \$ \_\_\_\_\_

COMBINED VALUE OF ALL ITEMS OF PERSONAL PROPERTY (Question 3 total) + \$ \_\_\_\_\_

TOTAL ALL ASSETS (Real Property + Personal Property) \$ \_\_\_\_\_

TOTAL ANNUAL INCOME FROM ALL SOURCES \$ \_\_\_\_\_

I, \_\_\_\_\_, the Petitioner in the foregoing matter, hereby certify that I have conducted a reasonable investigation into the assets and income of the alleged protected person named in this Statement, that the foregoing Statement of Financial Resources is true, complete and correct to the best of my knowledge, information and belief, that I have included within the foregoing Statement, and any and all attachments thereto, all items of real property, personal property and all sources of income of the alleged protected person which are known, or have been disclosed, to me.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
PETITIONER'S SIGNATURE



The following forms, "*Oath of Appointment*" and "*Bond of Guardian and/ or Conservator*" are required to be filed with the circuit clerk's office immediately after appointment of a Guardian and/or conservator.

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE:

Case No.: - G 32 -

A PROTECTED PERSON

**OATH OF APPOINTMENT**

*[West Virginia Code: § 44A-2-13(n)(1)]*

I, \_\_\_\_\_, *[initial appropriate block or blocks]:*

\_\_\_\_\_  
Guardian, \_\_\_\_\_ Conservator of *[insert name of protected person]:*

\_\_\_\_\_, swear or affirm to faithfully perform the duties of such office(s) in accordance with all provisions of West Virginia Code Section 44A-1-1 et seq., other laws of the State of West Virginia, and the order of appointment relating to the duties and responsibilities of such office(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian and/or Conservator

Taken, subscribed, and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_  
*[month], \_\_\_\_\_ [year].*

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title of Official

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE:

Case No.: - G32-

DATE FILED: \_\_\_\_\_

AN ALLEGED PROTECTED PERSON

**BOND OF GUARDIAN AND/OR CONSERVATOR  
(CASH BOND AND/OR SURETY BOND FORM)  
[West Virginia Code: § 44A-1-9]**

KNOW ALL PERSONS BY THESE PRESENTS, that I/we:

*[complete this section for cash bond]* \_\_\_\_\_

whose address(es) is/are \_\_\_\_\_

as principal and cash in the amount of \$ \_\_\_\_\_, is/are held and firmly bound unto the State  
of West Virginia, in the sum of \_\_\_\_\_ Dollars  
(\$ \_\_\_\_\_),

and/or

*[complete this section for surety bond]* we, \_\_\_\_\_, a  
corporation incorporated under the laws of the State of \_\_\_\_\_  
and duly licensed to transact surety business in the State of West Virginia, as surety, whose address is  
\_\_\_\_\_, is/are indebted to the  
State of West Virginia in the penal sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_),

for which payment, well and truly to be made, I/we bind ourselves and our heirs, jointly and severally, firmly by  
these presents.

**THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT:**

WHEREAS, the above bound \_\_\_\_\_ has been, or will be upon the  
filing of this bond, appointed by the Circuit Court of \_\_\_\_\_ County, West Virginia,  
as *[check applicable office(s)]* ☐ conservator ☐ guardian ☐ both conservator and guardian for  
\_\_\_\_\_, a protected person under the laws of the  
State of West Virginia, and is required by the provisions of West Virginia Code § 44A-1-9 to furnish a bond on  
the terms and conditions set forth in such statute.

NOW, THEREFORE, if the above bound \_\_\_\_\_  
shall faithfully discharge and perform the duties of \_\_\_\_\_  
as required by law and the Orders of the Circuit Court of Select County... \_\_\_\_\_ County, or any  
successor Court having jurisdiction of this case, then this obligation shall be void, otherwise to remain in full  
force and effect.

This bond is intended to comply with the requirements of *West Virginia Code § 44A-1-9* of the State of  
West Virginia and in accordance with the provisions and requirements of that statute, it is expressly provided  
that:

1. Unless otherwise provided in this Bond, sureties are jointly and severally liable with the principal and  
with each other.
2. The total aggregate liability of surety hereon shall be limited to the sum of  
\_\_\_\_\_ Dollars (\$ \_\_\_\_\_).  
Additionally, this bond shall not be void after any recovery may be proceeded against from time to  
time until the whole penalty is exhausted.
3. This bond shall be deemed continuous in form and shall remain in full force and effect unless  
terminated or cancelled as provided by the laws of the State of West Virginia.
4. By executing this bond, the surety consents to the jurisdiction of the Court in any proceeding  
pertaining to the fiduciary duties of the principal and naming of the surety as a party respondent.

IN WITNESS WHEREOF, the parties have executed this bond on the \_\_\_\_\_ day of  
\_\_\_\_\_ [month], \_\_\_\_\_ [year].

**FOR THE PRINCIPAL:**

\_\_\_\_\_  
**SIGNATURE OF GUARDIAN/CONSERVATOR**

Signed or acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_ [month],  
\_\_\_\_\_ [year].

\_\_\_\_\_  
**CIRCUIT CLERK**

**FOR THE SURETY:**

**(Affix Corporate Seal of  
Surety Company Here.)**

\_\_\_\_\_  
**PRINT NAME OF SURETY COMPANY**

**BY:**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**PRINT NAME OF AUTHORIZED SIGNATORY**

\_\_\_\_\_  
**TITLE OF SURETY'S AUTHORIZED SIGNATORY**

Signed or acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*,

\_\_\_\_\_ *[year]*.

\_\_\_\_\_  
**CIRCUIT CLERK**

**IMPORTANT NOTE:** If surety company executes this bond through a duly appointed attorney-in-fact, *a true copy of the instrument appointing the attorney-in-fact* must be submitted and attached to this bond.

**NOW, THEREFORE,** if the above named principal and all his agents and employees faithfully conform provisions as required by law and the Orders of the Circuit Court of \_\_\_\_\_ County, or any successor Court have jurisdiction of this case, then this obligation shall be void, otherwise to remain in full force and effect.

Given under my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*,

\_\_\_\_\_ *[year]*.

\_\_\_\_\_  
**(SEAL)**

\_\_\_\_\_  
**(SEAL)**



Upon completion of the mandatory education please deliver a copy of the following form, *"Affidavit Certifying Completion of Mandated Education"* (form GC 11), to the circuit clerk's office for filing.

If you would like a paper copy of this packet please ask the circuit clerk at the time of filing, you may also review the material online by visiting:

<http://www.courts.wy.gov/public-resources/guardian-conservator/tableOfContents.html>

IN THE CIRCUIT COURT OF MONROE COUNTY, WEST VIRGINIA

IN RE:

Case No.: - G32-

AN ALLEGED PROTECTED PERSON

**AFFIDAVIT CERTIFYING COMPLETION OF MANDATED EDUCATION**

*[West Virginia Code: § 44A-1-10(b)]*

STATE OF \_\_\_\_\_

COUNTY OF Monroe, to wit:

I, \_\_\_\_\_, the recommended guardian and/or conservator in the foregoing matter, hereby certify that I have completed the mandatory educational training required by West Virginia Code: Section 44A-1-10(b), and that such education consisted of: *[check applicable form of the materials studied]*

- ☐ Written materials or recorded information, whether audio, visual or both, received from the court upon recommended or actual appointment
- ☐ Written materials and/or recorded information supplied via the West Virginia Supreme Court website/Internet site for educational training of Guardians and Conservators

I further certify that the foregoing educational training was completed by me on *[insert the date you completed the mandatory education: MM/DD/YYYY]* \_\_\_\_\_. Attached is a copy of my certificate of completion from the West Virginia Supreme Court website/Internet site, if applicable.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
SIGNATURE

The foregoing affidavit was taken, subscribed and sworn or affirmed before me by the said \_\_\_\_\_, in the foregoing action, in my said county and state on this, the \_\_\_\_\_ day of \_\_\_\_\_ *[month]*, \_\_\_\_\_ *[year]*.

\_\_\_\_\_  
NOTARY PUBLIC/CLERK

My Commission Expires: \_\_\_\_\_