

NOW THAT YOU'RE A GUARDIAN
GENERAL INFORMATION AND FORMS FOR
A GUARDIAN OF AN ADULT WARD



**Office of the Register of Wills
Probate Division
515 5th Street, NW, Third Floor
Washington, DC 20001**

All attached forms and documents are available through the division's website:
<http://www.dccourts.gov/dccourts/superior/probate/index.jsp>

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA **SPECIFIC INSTRUCTIONS TO GUARDIANS**

Unless the appointment is made to accomplish one specific purpose, both limited and general guardians shall become (or remain) personally acquainted with the ward and maintain contact with the ward so that the guardian knows the ward's capacities, limitations, needs, opportunities, and physical and mental health. Developing such a relationship allows the guardian to exercise the powers listed in D.C. Code, sec. 21-2047 for the benefit of the ward and to comply with the reporting requirements of that Code section. Specifically, the guardian should do the following:

(1) Upon appointment, the guardian shall qualify by filing an *Acceptance and Consent to Jurisdiction* (unless the guardian has signed the acceptance and consent at the end of the *Petition for General Proceeding*) and a bond (if the Court requires a bond). These filings must occur within fourteen (14) days of the date of appointment.

(2) For INT cases only, the guardian shall develop a guardianship plan in consultation with the ward. That plan must be filed within ninety days of the date of appointment.

(3) If the ward has money subject to the control of the guardian, the guardian shall ensure that money is available each month for the personal use or incidental needs of the ward. If the ward lives in a nursing home, the guardian may consider contacting the appropriate nursing home officials to establish and fund a "patient's account" with the home to be used for the monthly purchase of incidental needs of the ward. If the ward is a Medicaid recipient, the guardian shall use such amounts as are allowed by Medicaid regulations for the personal use or incidental needs of the ward.

(4) If no conservator has been appointed and the guardian is charged with the responsibility of expending funds for the care and maintenance of the ward, the guardian shall ensure that monies available for the care and maintenance of the ward are paid to the nursing home or other authorized caretaker promptly as due.

(5) The guardian shall become and remain informed of the ward's medical needs and desires and shall maintain sufficient contact with the ward's medical personnel and caretakers to ensure that the medical needs of the ward are satisfied fully and promptly. **The guardian shall personally visit the ward at least once every thirty (30) days and shall file a change of address promptly if either the ward or the guardian moves.** The guardian shall seek appropriate order of the Court before consenting to any medical procedures prohibited by D.C. Code, sec. 21-2047(c) unless the authority to consent is granted in the order of appointment.

The above instructions are for guidance only and do not include all the guardian's duties and responsibilities. Individuals serving as guardians must comply with all applicable statutory provisions, rules of Court, and Court orders issued regarding their wards.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

GUARDIANSHIP INFORMATION SHEET

The following information is provided to those individuals appointed as limited or general guardian of an incapacitated individual (ward), but is not intended to be all-inclusive. Individuals serving as guardians shall be governed by all applicable statutory provisions, rules of Court, and Court orders issued regarding their wards.

1. PERMANENT GENERAL GUARDIAN

A permanent general guardian is one appointed by the Court and on whom the Court has conferred, without limitation, those general powers set forth in D.C. Code, sec. 21-2047(a) & (b) (2001 ed.).

2. PERMANENT LIMITED GUARDIAN

D.C. Code, sec. 21-2044(c) reads as follows:

"The court, at the time of appointment, later on its own motion, or on appropriate petition or motion of the incapacitated individual or other interested person, may limit the powers of a guardian otherwise conferred by this chapter and create a limited guardianship. Any limitation on the statutory power of a guardian of an incapacitated individual shall be endorsed on the guardian's letters. Following the same procedure, a limitation may be removed or modified and appropriate letters issued."

3. QUALIFICATION

A guardian qualifies by executing and filing an *Acceptance of Guardian/Conservator* form (unless the guardian signed the acceptance at the end of the *Petition for a General Proceeding*). If bond is required by order of Court, the guardian must also execute and file a bond in the amount set by the Court to qualify. These filings must occur within fourteen (14) days of the date of appointment.

4. POWERS

Upon appointment, a guardian is responsible for the care, custody, and control of the ward subject to any limitations imposed by the Court. A guardian shall become (or remain) personally acquainted with the ward and maintain contact with the ward so that the guardian knows the ward's capacities, limitations, needs, opportunities, and physical and mental health. **The guardian shall visit the ward at least once every thirty (30) days.** The guardian shall exercise only those powers under D.C. Code, sec. 21-2047(a), (b), and (c) set forth in the Court's order of appointment or authorized by subsequent order of the Court. The powers may be found in Title 21 of the D.C. Code, Chapter 20 at www.dccouncil.washington.dc.us/dcofficialcode.

5. PETITIONS

Application to the court for an order after appointment shall be by the filing of a verified *Petition Post Appointment* that includes a *Notice of Hearing on Subsequent Petition* pursuant to SCR-PD 311, a *Notice of Right to Respond and/or Request an Oral Hearing* pursuant to SCR-PD 322, an order appointing counsel, and a proposed order for the court's signature. The petition shall state specifically what is being requested and why the request is being made and shall include such supplemental information and/or documentation as may be considered appropriate.

6. GUARDIANSHIP PLAN, REPORTS, AND CHANGE OF ADDRESS

(a) Filing of Guardianship Plan - For INT cases only, the guardian shall develop a guardianship plan in consultation with the ward. That plan must be filed within ninety days of the date of appointment.

(b) Filing of Reports - A guardian, limited or general, shall submit a written report to the Court at least semi-annually on the condition of the ward and the ward's estate that has been subject to the guardian's possession or control. In addition, if the ward moves, the guardian shall file a *Praecipe – Change of Address* form promptly to notify the Court. The guardianship report shall be prepared on the *Report of Guardian* form and signed under oath. The first report shall be due six months from the date of appointment, and successive reports shall be due at six-month intervals thereafter. The Court reviews these reports and is very concerned that they be filed promptly.

(c) Service – The guardianship plan, guardianship reports, and *Praecipe – Change of Address* shall be served upon all parties (including the ward), upon any person who has filed an effective request for notice, and upon other such persons as the Court may direct.

7. SUGGESTION OF DEATH

Upon the death of the ward, the guardian shall file a *Suggestion of Death* form promptly to notify the Court that the ward has died and must serve a copy on all parties.

8. FINAL REPORT OF GUARDIAN

Upon the death of the ward, termination of the guardianship, or resignation of the guardian, the guardian shall file a final report of guardian with respect to assets under the guardian's control or possession within sixty (60) days. An affidavit in lieu of final report of guardian shall be filed within sixty (60) days if no assets were administered by the guardian.

9. RECEIPTS

Promptly after full distribution and settlement a guardian shall file receipts or canceled checks evidencing final distribution of any assets held.

10. ADDITIONAL INFORMATION

(a) The law that applies to guardianships is D.C. Code, Title 21, Chapter 20.

(b) The court rules that apply to guardianships are in the 300 Series of the Superior Court, Probate Division Rules.

(c) No attorney fees are to be paid from estate funds unless specifically authorized by order of court after compliance with Superior Court, Probate Division Rule 308.

(d) No guardian shall commingle any estate assets with non-estate assets (i.e., no guardian shall mix any of the ward's assets with assets belonging to anyone else).

(e) Guardians are hereby notified that any authority granted by the court to administer funds of the ward terminates upon death. Upon death of the ward, no further expenditures shall be made.

(f) Court clerks and staff cannot give legal advice. If legal questions arise, consult an attorney. Neither the Register of Wills nor any member of her staff is permitted to recommend lawyers. If legal help is needed, consider consulting the Lawyer Referral Information Service of the D.C. Bar.

**D. C. Code, §21-2047. Powers and Duties of General
Guardian and Limited Guardian (D.C. Code, 2001 ed., 2008
suppl.)**

Except as limited pursuant to section 21-2044, a general guardian or a limited guardian of an incapacitated individual is responsible for care, custody, and control of the ward, but is not personally liable to third persons by reason of that responsibility for acts of the ward.

(a) In particular and without qualifying the foregoing, a general guardian or limited guardian shall:

(1) Become or remain personally acquainted with the ward and maintain sufficient contact with the ward to know of the ward's capacities, limitations, needs, opportunities, and physical and mental health;

(2) Take reasonable care of the ward's personal effects and commence protective proceedings, if necessary, to protect other property of the ward;

(3) Apply any available money of the ward to the ward's current needs for support, care, habilitation, and treatment;

(4) Conserve any excess money of the ward for the ward's future needs, but if a conservator has been appointed for the estate of the ward, the guardian, at least quarterly, shall pay to the conservator money of the ward to be conserved for the ward's future needs;

(5) Report in writing the condition of the ward and of the ward's estate that has been subject to the guardian's possession or control, as ordered by the court on petition of any person interested in the ward's welfare or on any order of the court, but at least semi-annually;

(6) Make decisions on behalf of the ward by conforming as closely as possible to a standard of substituted judgment or, if the ward's wishes are unknown and remain unknown after reasonable efforts to discern them, make the decision on the basis of the ward's best interests;

(7) Include the ward in the decision-making process to the maximum extent of the ward's ability; and

(8) Encourage the ward to act on his or her own behalf whenever he or she is able to do so, and to develop or regain capacity to make decisions in those areas in which he or she is in need of decision-making assistance, to the maximum extent possible.

(b) A general guardian or limited guardian may:

(1) Receive money payable for the support of the ward under the terms of any statutory benefit or insurance system or any private contract, devise, trust, conservatorship, or custodianship;

(2) Take custody of the person of the ward and establish the ward's place of abode within or without the District, if consistent with the

terms of any order by a court of competent jurisdiction relating to detention or commitment of the ward;

(3) Institute proceedings, including administrative proceedings, or take other appropriate action to compel the performance by any person of a duty to support the ward or to pay sums for the welfare of the ward, if no conservator for the estate of the ward has been appointed;

(4) Consent to medical examination and medical or other professional care, treatment, or advice for the ward, without liability, by reason of the consent for injury to the ward resulting from the negligence or acts of third persons, unless the guardian fails to act in good faith;

(5) Obtain medical records for the purpose of applying for government entitlements or private benefits and have the status of a legal representative under the District of Columbia Mental Health Information Act of 1978, effective March 3, 1979 (D.C. Law 2-136; Sec. 7-1201.01 et seq.); and

(6) If reasonable under all of the circumstances, delegate to the ward certain responsibilities for decisions affecting the ward's well-being.

(c) [Repealed].

(d) A guardian is entitled to reasonable compensation for services as guardian and to reimbursement for room, board, and clothing personally provided to the ward, but only as approved by order of the court pursuant to section 21-2060(a).

(Feb 28, 1987, D.C. Law 6-204, Sec. 2(a), 34 DCR 632; May 10, 1989, D.C. Law 7-231, Sec. 27, 36 DCR 492; Sept. 22, 1989, D.C. Law 8-34, Sec. 2(h), 36 DCR 5035; Oct. 22, 2008, D.C. Law 17-249, Sec. 2(g), 55 DCR 9206.)

D. C. Code, §21-2047.01. Limitations on Temporary, Limited, and General Guardians (D.C. Code, 2001 ed., 2008 supplement)

A guardian shall not have the power:

(1) To consent to an abortion, sterilization, psycho-surgery, or removal of a bodily organ except to preserve the life or prevent the immediate serious impairment of the physical health of the incapacitated individual, unless the power to consent is expressly set forth in the order of appointment or after subsequent hearing and order of the court;

(2) To consent to convulsive therapy, experimental treatment or research, or behavior modification programs involving aversive stimuli, unless the power to consent is expressly set forth in the order of appointment or after subsequent hearing and order of the court;

(3) To consent to the withholding of non-emergency, life-saving, medical procedures unless it appears that the incapacitated person would have

consented to the withholding of these procedures and the power to consent is expressly set forth in the order of appointment or after subsequent hearing and order of the court;

- (4) To consent to the involuntary or voluntary civil commitment of an incapacitated individual who is alleged to be mentally ill and dangerous under any provision or proceeding occurring under Chapter 5 of Title 21, except that a guardian may function as a petitioner for the commitment consistent with the requirements of Chapter 5 of Title 21 or Chapter 13 of Title 7;
- (5) To consent to the waiver of any substantive or procedural right of the incapacitated individual in any proceeding arising from an insanity acquittal; or
- (6) To prohibit the marriage or divorce, or consent to the termination of parental rights, unless the power is expressly set forth in the order of appointment or after subsequent hearing and order of the court.

(Oct. 22, 2008, D.C. Law 17-249, Sec. 2(h), 55 DCR 9206.)

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

GUARDIANSHIP PLAN

This plan should be developed in consultation with the ward, family members when possible, and with input from any other community agencies involved in providing services to the person.

I am the guardian of the above named ward and my proposed plan for providing services to the ward is as follows:

Incapacity of ward (please select all that apply):

- Intellectual disability (e.g., MR) Chronic mental illness Head injury
- Stroke Dementia (e.g., Alzheimer's)
- Alcohol/substance abuse
- Medical condition (describe): _____
- Other: _____

I. Living Arrangements for the Ward

What is the current address of the ward's residence? _____

- This is a Private home, owned by ward
- Private home, not owned by ward
- Guardian's home Relative's home (relationship) _____
 - Foster or boarding home
 - Group home (insert name) _____
 - Nursing home (insert name) _____
 - Assisted living facility (insert name) _____
 - Hospital or medical facility (insert name) _____
 - Other (please specify): _____

If private home, please name any other persons living in the home and their relationship to the ward: _____

My plan is for the ward to: Continue to live at current residence Change residence

If changing residence, explain when, why and where ward will move: _____

I do not have enough information at this time to change the ward's current living arrangement.

I have discussed the housing plan with the ward, and the ward

agrees with this plan

does not agree with this plan

I have not discussed the housing plan with the ward because: _____

II. Medical Care for the Ward

Describe the current physical health of the ward, including all known health conditions for which treatment is being received or is proposed: _____

I do not have enough information at this time to determine the ward's medical needs.

I plan to continue the medical services currently provided for the ward (provide name of health care professionals):

Physician: _____

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Dentist: _____

Podiatrist: _____

Dietician: _____

Therapist(s) (recreation, speech, physical, occupational): _____

Other: _____

I plan to seek a medical evaluation of the ward to determine the following: _____

I believe the ward does not currently need treatment for any medical problems.

Does the ward have a health care directive?

Yes

No, please explain: _____

In the absence of a health care directive, what efforts have you made to determine the ward's preferred medical treatment? _____

III. Mental Health Treatment for the Ward

Describe the current mental health of the ward, including all known diagnoses made by mental health professionals for which treatment is being received or is proposed:

I do not have enough information at this time to determine the ward's mental health treatment needs.

I plan to continue the mental health services currently provided for the ward (provide name of health care professionals):

Psychiatrist or psychologist: _____

Social Worker or other case worker: _____

Other: _____

I plan to seek a mental health evaluation of the ward to determine the following: _

I believe the ward does not currently need mental health treatment.

IV. Social and Supportive Care for the Ward

Describe the ward's current social activities and support services: _____

Is the ward currently employed? Yes No

If yes, provide details: _____

Is the ward currently participating in any educational, vocational or other training?

Yes No

If yes, provide details: _____

In the next year, I plan to arrange the following services to assist the ward:

Educational or training programs

Vocational rehabilitation or supported work programs

Medical treatment, operation, or procedure

Mental health treatment

Occupational, physical, or speech therapy

Personal home care (e.g., home health aide)

Case management or social work services

Housing assistance and/or public benefits

Assistive devices or accommodation

Other (please specify): _____

V. Financial Care for the Ward

Do you have control over any assets or funds of the ward? No Yes

I plan to investigate whether the ward has any type of insurance and whether the ward is eligible for any private benefits or government entitlements, including the following:

- Pension and/or income from employment
- Other benefits from past employers
- Social security benefits (disability, SSI, SSA retirement, SSA survivor benefits)
- Veteran's benefits
- State benefits (food stamps, public assistance, TANF)
- Medicaid or Medicaid waiver
- Medicare
- Burial and funeral assistance
- Other: _____

I do not plan to investigate because a conservator has been appointed.

I do not plan to investigate because _____

VI. Other Information

Does the ward have a prepaid funeral plan? Yes, attach copy if not previously filed (copy will be kept in a confidential file) No I don't know, please explain: _____

Does the ward have a will? Yes No I don't know, please explain: _____

Please provide the names and addresses of the ward's next of kin:

Spouse/domestic partner _____

Children _____

Grandchildren _____

Parents _____

Brothers and/or sisters _____

Continue listing relatives below if no relatives are listed above.

Nieces and/or nephews _____

Uncles and/or aunts _____

First cousins _____

Grandparents _____

Other kin _____

Provide any other information that the Court should be aware of with regard to the guardianship plan for the ward: _____

I have consulted with the following person(s) in preparing this guardianship plan (check all that apply):

- Ward
 - Family members of the ward
 - Friends of the ward
 - Care providers to the ward
 - Ward's attorney
 - Others (please specify): _____
-

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 guardian

Address (Actual address/not Post Office Box)

Telephone number

E-mail address (optional)

Subscribed and sworn to before me this _____ day _____, 20____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____ 20_____, a copy of the foregoing

_____ was served by first class mail, postage prepaid, upon the parties to the above captioned case, persons granted permission to participate, and persons who requested notice. (List each person by name and complete address. Use the "tab" key to move from box to box. Attach an additional sheet of paper if necessary. An example is given.)

Jane Doe
Department of Human Services
2342 City Street, NW
Washington, DC 20000

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ INT _____
_____ IDD _____

In re:

An Adult

REPORT OF GUARDIAN

I am the guardian 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
 Guardian'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 guardian, you may skip questions 5 and 6)

5. Date of personal visits with ward: _____

(Note: Guardian is required to visit the ward at least once per month unless otherwise directed by court order. If more than six visits occurred during the

reporting period, then you may choose to list one visit from each 30-day period for the last six months.)

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 guardianship should be should not be continued. If not, explain: _____

19. I have been appointed: limited guardian general guardian

My powers should

- Remain the same
- Increase as follows: _____
- Decrease as follows: _____
- I wish to resign as guardian. Attached is a Petition Post Appointment to resign.

20. Has guardian's mailing address or telephone number changed during the reporting period?

- No
- Yes. Attached is a Change of Address Praecipe.

21. Guardian's relationship to ward:

- Family Member (relation) _____ Friend
- Member of Fiduciary Panel

22. I am also the conservator I am not the conservator, 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 and have not handled the ward's funds.

23. Provide any other information that you feel the Court should know concerning the guardianship 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 Guardian

Typed Name

Address (Actual address/not Post Office Box)

Telephone number

E-mail address (optional)

Subscribed and sworn to before me this _____ day _____,
20_____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____ 20_____, a copy of the
foregoing _____
was served by first class mail, postage prepaid, upon the parties to the above captioned case,
persons granted permission to participate, and persons who requested notice. (List each
person by name and complete address. Use the "tab" key to move from box to box. Attach
an additional sheet of paper if necessary. An example is given.)

Jane Doe
Department of Human Services
2342 City Street, NW
Washington, DC 20000

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

_____ ADM _____
_____ INT _____
_____ IDD _____
_____ SEB _____
_____ GDN _____
_____ TRP _____
_____ CON _____
_____ FEP _____

Estate of

Minor/Ward/Deceased

PRAECIPE – CHANGE OF ADDRESS

The Register of Wills will please note the following change of address effective immediately:

Name of interested person

New mailing address including zip code

Telephone number

Respectfully submitted,

Signature of filer

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____, 20____, a copy of the foregoing was served by first class mail, postage prepaid, to the following interested persons (list names and addresses of all interested persons):

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

PETITION POST APPOINTMENT FOR _____
(Briefly and plainly state relief requested.)

1. _____
(Name of petitioner)

(Interest of petitioner)
Petitioner seeks the following relief:

2. Petitioner is entitled to this relief because (i.e., explain why you are entitled to what you asking for or asking the Court to do)

Signature of Attorney

Signature

Typed Name of Attorney

Typed Name

Address (Actual address/not Post Office Box)

Address (Actual address/not Post Office Box)

Telephone number

Telephone number

Unified Bar number

E-mail address (optional)

VERIFICATION

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

Signature of petitioner

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I hereby certify that on the ____ day of _____ 20____, a copy of the foregoing

_____ was served by first class mail, postage prepaid, upon the parties to the above captioned case, persons granted permission to participate, and persons who requested notice. (List each person by name and complete address. Use the "tab" key to move from box to box. Attach an additional sheet of paper if necessary. An example is given.)

Jane Doe
Department of Human Services
2342 City Street, NW
Washington, DC 20000

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

NOTICE OF RIGHT TO RESPOND AND/OR REQUEST AN ORAL HEARING
(This notice must be served on all parties, and a copy must be filed with the petition post appointment.)

Notice is hereby given that _____ has filed a Petition Post Appointment for _____. A copy is attached.

You are entitled to file a response or opposition to the petition and to request a hearing if you so choose. If you object to the petition or want to respond to the petition or want to request an oral hearing, you must file the objection, response, or request for an oral hearing within ten days after the petition was personally served on you or, if the petition was mailed to you, within thirteen days of the date that the petition was mailed. The Court rules that apply are Superior Court, Probate Division Rule 322(a) and (c), which can be found at www.dccourts.gov/dccourts/superior/probate/index.jsp.

Date

Signature

Typed Name

Address (Actual address/not Post Office Box)

Telephone number

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

ORDER APPOINTING COUNSEL

Upon consideration of the petition filed herein on the _____ day of _____, 20_____, it is by the Court this ____ day of _____, 20_____,

ORDERED that _____ is appointed counsel for _____, the subject of the above proceeding. The counsel shall have access to any current medical, psychological, or sociological evaluation records of the subject. Counsel shall perform the duties set forth in D.C. Code, sec. 21-2033(b) and Superior Court, Probate Division Rule 305 and represent the subject at the hearing to be held on _____, 20_____, at _____ o'clock a.m./p.m. in Courtroom _____ of the Superior Court of the District of Columbia, 515 5th Street, NW, Washington, DC, before Judge _____.

ORDERED that counsel shall forthwith file a Notice of Appearance pursuant to Superior Court, Probate Division Rules 321(d) and 305(a)(2).

JUDGE

cc:

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

NOTICE OF HEARING ON SUBSEQUENT PETITION

(Pursuant to D.C. Code, sec. 21-2031 and Superior Court, Probate Division Rules 311 and 322)

You are advised that a hearing has been scheduled in the Probate Division of the Superior Court of the District of Columbia, 515 5th Street, NW, Washington, DC 20001 on _____, 20____ at _____ o'clock a.m./p.m. in courtroom ____ to consider whether to grant the relief requested in the following petition:

A person entitled to file a response who wishes to do so must file the response within ten (10) days of the date of this notice (or 13 days if this notice has been mailed). A copy of the response must be sent to the person(s) whose name(s) appears below under "copies to." At the hearing the Court will hear from all parties and persons entitled to participate and may take testimony on the issues presented.

Parties are entitled to the following rights: (1) to respond in writing to the petition, (2) to appear through counsel, (3) to participate at the hearing, (4) to conduct discovery with the Court's permission, and (5) to receive copies of pleadings filed by other parties.

Any person who is not a party and wishes to participate must file a Petition for Permission To Participate and proposed order for the Court's consideration in accordance with Superior Court, Probate Division Rule 303(b).

Date: _____

NOTE: Pursuant to Superior Court, Probate Division Rule 311(c)(3), this notice must be mailed no fewer than 17 days or personally delivered no fewer than 14 days before the date set for the hearing.

Copies to: Parties to the above-captioned case and persons granted permission to participate pursuant to Superior Court, Probate Division Rule 303 and persons who requested notice pursuant to Superior Court, Probate Division Rule 304.

Proof of service in accordance with Superior Court, Probate Division Rule 311(c)(6) must be filed.

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

SUGGESTION OF DEATH

The Clerk of this Court will please be advised that _____
_____ died on _____,
20____.

Signature

Typed Name

Title: guardian/conservator/attorney

Address (Actual address/not Post Office Box)

Telephone number

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____ 20_____, a copy of the foregoing _____ was served by first class mail, postage prepaid, upon the parties to the above captioned case, persons granted permission to participate, and persons who requested notice. (List each person by name and complete address. Use the "tab" key to move from box to box. Attach an additional sheet of paper if necessary. An example is given.)

Jane Doe
Department of Human Services
2342 City Street, NW
Washington, DC 20000

Signature

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

ACCEPTANCE

Guardian

Conservator

I hereby accept the duties of the office of

guardian

conservator

of _____ (ward) and consent to personal jurisdiction in any action instituted in the District of Columbia by any interested person against me as guardian and/or conservator arising from the duties of my office and, if I am a non-resident, I do hereby irrevocably appoint the Register of Wills and successors in office as the person upon whom all notice and process issued by a competent court in the District of Columbia may be served with the same effect as personal service in relation to all suits or matters pertaining to the proceeding in which Letters of guardianship and/or conservatorship shall issue.

Signature

Typed Name

Address (Actual address/not Post Office Box)

Telephone number