



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

FILING REQUIREMENTS AND INSTRUCTIONS TO NEWLY APPOINTED GUARDIANS

Dear Guardian,

You are now a legal guardian for an incapacitated person. As court-appointed guardian, you are required, under Va. Code § 64.2-2020, to file initial and annual reports with the local department of social services for the jurisdiction (county) in which the incapacitated person resides.

REPORTING REQUIREMENTS:

Initial Report:

The first report you must file is due within six (6) months from the date of your qualification by the Court and covers the first four (4) months of the guardianship. After the first report has been filed, reports are due annually.

Annual Report:

You must file a new report every year. Each annual report covers a twelve (12) month period, beginning on the end date of the last reporting period. The annual report is due within four (4) months from the end of the twelve-month reporting period.

For example: Qualification of a guardian occurs on January 15, 2020.

| Report type | Report period covered | Report due on or before |
|----------------------------|---|--|
| Initial | January 15, 2020 – May 15, 2020 (first 4-month period) | July 15, 2020 (within 6 months of qualification) |
| Annual (Year 1) | May 15, 2020 – May 15, 2021 | September 15, 2021 (within 4 months following 12-month period) |
| Annual (Year 2) | May 15, 2021 – May 15, 2022 | September 15, 2022 (within 4 months following 12-month period) |

(more information on back)

ANNUAL REPORT FORM:

You must use the form prepared by the Office of the Executive Secretary of the Virginia Supreme Court titled **Report of Guardian for an Incapacitated Person (Form CC-1644)**. The Clerk of the Court will provide you with this form at the time of qualification (*see attached form*). **You must complete all sections of the form. Incomplete forms will be returned to you for completion.**

Subsequent reporting forms will be mailed to you by the local department of social services along with a courtesy letter from the Guardianship Program reminding you to complete the report. You may also access the reporting form by:

- Printing the form from the Virginia Judicial System website (www.courts.state.va.us). Click on Forms, then click on Circuit Court, then click on Fiduciary, then scroll down to Form CC-1644, Report of Guardian for an Incapacitated Person. The direct link to the form is: <https://www.vacourts.gov/forms/circuit/cc1644.pdf>
- Contacting Lori Jones with the Fairfax County Guardianship Program by telephone at (703) 324-7955 or by email at lori.jones@fairfaxcounty.gov to have a reporting form mailed or emailed to you.

HOW TO FILE A REPORT:

You must include a \$5.00 filing fee with each report you file. If paying by check, the check shall be made payable to “Fairfax County.”

Mail the guardian report and \$5.00 filing fee to:

Adult Protective Services/Guardianship Program
Attn: Lori Jones, Paralegal
12011 Government Center Parkway, Suite 432
Fairfax, Virginia 22035

WHO TO CONTACT FOR ASSISTANCE:

If you have any questions or need assistance in completing the guardian report, please contact:

Lori Jones, Paralegal
Fairfax County Guardianship Program
Phone: (703) 324-7955
General Guardianship Email: dfsaaguardianship@fairfaxcounty.gov

(Attached are instructions to assist you in completing the guardian report)

INSTRUCTIONS FOR COMPLETING THE GUARDIAN REPORT
(FORM CC-1644)

Name of Incapacitated Person: The name of the person who is the subject of the report and for whom you were appointed as guardian.

Address of Incapacitated Person: The address of the person who is the subject of the report and for whom you were appointed as guardian.

Circuit Court Where Guardian Appointed: The name of the Circuit Court where the order appointing you as guardian was entered.

Age: The age of the person who is the subject of the report and for whom you were appointed as guardian.

Circuit Court Case Number: The case number assigned by the Circuit Court can be found on the first page of the order appointing you as guardian in the upper right-hand corner.

Date of Order of Appointment: The date you were appointed as guardian is the same date the judge signed the order. It can be found next to the judge's signature on the order.

Date Qualified by Clerk: The date you were qualified by the Probate Division of the Circuit Court.

Guardian's Name: Provide your full name. If more than one person was appointed as guardian, include the names of the co-guardians.

Guardian's Address: Provide your address. If more than one person was appointed as guardian, include the addresses of the co-guardians.

Guardian's Telephone Number: Provide your telephone number. If more than one person was appointed as guardian, include the telephone numbers of the co-guardians.

Conservator's Name: The name of the person who was appointed as conservator for the incapacitated person, if it is someone other than you.

Conservator's Address: The address of the person who was appointed as conservator for the incapacitated person, if it is someone other than you.

Same as Guardian: Place a check mark in this box if you serve as both the guardian and the conservator.

Conservator's Telephone Number: The telephone number of the person who was appointed as conservator for the incapacitated person, if it is someone other than you.

Initial Four-Month Report/Annual Report/Final Report: Place a check mark in the box that corresponds with the type of report being filed. If this is the final report, please indicate the reason why this is the final report (examples: the incapacitated person is deceased, the guardianship has been terminated, the guardianship has been transferred to another state).

The period covered by this report: The date the reporting period began and the date the reporting period ended. Call your local department of social services if you are not sure about the dates.

- 1. Describe the incapacitated person’s living arrangements during the reporting period, including a specific assessment of the adequacy of such living arrangement.**
 - Include the type of living environment (i.e. private home, assisted living, nursing home, etc.) and state whether you believe the living arrangement is appropriate to meet the needs of the incapacitated person and why.
- 2. Describe the current mental, physical, and social condition of the incapacitated person, including any change in diagnosis or condition of the incapacitated person by any medical provider since the last report.**
 - Identify the incapacitated person’s diagnoses or conditions, if known, and indicate whether there has been any improvement or deterioration in condition or any change in diagnosis.
- 3. Describe all medical, educational, vocational, social, recreational, and any professional services and activities provided to the incapacitated person for the period covered by this report and state your opinion of the adequacy of the care received by the incapacitated person.**
 - Include in your response: (i) the specific names of the medical providers that have treated the incapacitated person and a description of the frequency or number of times the incapacitated person was seen by such providers, (ii) the date and location of and reason for any hospitalization of the incapacitated person, (iii) a description of the educational, vocational, social, and recreational activities in which the incapacitated person participated, and (iv) your opinion whether the services or care provided to the incapacitated person were adequate or not adequate. If you consider the services or care to be inadequate, state your plan to ensure that the services or care provided are improved.
- 4. State whether or not you agree with the current treatment or care plan.**
 - Indicate whether or not you believe that the treatment, services, or current living arrangement is adequate or effective to meet the incapacitated person’s needs.
- 5. State your recommendation as to the need for continued guardianship and any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes.**
 - Provide your recommendation as to whether the guardianship should continue without change, or if the guardian’s authority needs to be expanded, limited, or terminated altogether. In each case, you should attach documentation to support your recommendation.

- 6. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation.**
 - Itemize any expenses you incurred and state the amount of compensation requested. Any request for compensation should be given to the conservator, who controls the incapacitated person's finances.
- 7. State the name of any persons whose access to communicate, visit, or interact with the incapacitated person has been restricted and the reasons for such restriction.**
 - If you restricted, limited, or banned any individual from communicating or visiting with the incapacitated person, provide the individual's name and relationship to the incapacitated person, and state the reason for the restriction.
- 8. Provide a self-assessment as to whether you feel you can continue to carry out the powers and duties imposed upon you by Virginia Code § 64.2-2019 and as specified in the court's order of appointment pursuant to Virginia Code § 64.2-2009.**
 - State whether you believe you can continue serving as guardian for the incapacitated person. If you feel you cannot continue to serve as guardian, please explain why.
- 9. Unless the incapacitated person resides with you, provide a statement of the frequency and nature of any (i) in-person visits from you with the incapacitated person over the course of the previous year and (ii) visits over the course of the previous year from a designee performing such visit. If any visit described in this section is made virtually, please specify. If no visit was made within a six-month period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such.**
 - State how often you visited in-person over the past year. If you designated or contracted with another person or agency to visit the incapacitated person, identify the person or agency and state how often they visited over the past year. If you did not visit within a six-month period, please explain why.
- 10. Provide a general description of the activities taken on by you for the benefit of the incapacitated person during the past year.**
 - Generally describe the actions you took as guardian on behalf of the incapacitated person over the course of the reporting period.
- 11. Provide a statement of whether the incapacitated person has been an alleged victim in a report of abuse, neglect, or exploitation made pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2, to the extent known, and whether there are any other indications of abuse, neglect, or exploitation of such incapacitated person.**
 - If a report alleging abuse, neglect, or exploitation was made to a local adult protective services agency or you believe the incapacitated person has been abused, neglected, or exploited, provide any information about the nature of the alleged

abuse, neglect, or exploitation, and the steps taken to protect the incapacitated person from further abuse, neglect, or exploitation.

12. Provide any other information useful in your opinion.

- Include any additional information you believe would be helpful to the Court which has not otherwise been provided in response to the above questions.

Signature of Guardian: You must sign the report. If there is more than one guardian and they are unable to act independently, both signatures are required.

TRANSFER OR TERMINATION OF GUARDIANSHIP:

- Upon transfer of the guardianship from Virginia to another state, the guardian shall submit to the local department of social services in Virginia a **final guardian report, together with a copy of the receiving state's court order approving the guardianship.**
- Upon the incapacitated person's death, the guardian shall submit to the local department of social services a **final guardian report, together with a copy of the death certificate.**

Fairfax County is committed to nondiscrimination on the basis of disability in all county programs, services and activities. Reasonable accommodations will be provided upon request. For information, call the Department of Family Services at 703-324-7500, TTY 711.

REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON
COMMONWEALTH OF VIRGINIA
 VA. CODE § 64.2-2020

| | | | |
|---|-------|--------------------------|--|
| Name of Incapacitated Person: | | | |
| Address of Incapacitated Person: | | | |
| Circuit Court where Guardian appointed: | | Age: | |
| Circuit Court Case No.: | | | |
| Date of Order of Appointment: | | Date Qualified by Clerk: | |
| Guardian's Name: | | | |
| Address: | | | |
| Telephone Number: | | | |
| Conservator's Name: | | | |
| Address: | | | |
| <input type="checkbox"/> Same as Guardian | | | |
| Telephone Number: | | | |

Initial four-month report Annual report Final report
 REASON FOR FILING FINAL REPORT

The period covered by this report is: to

Please make all responses as detailed as possible.

- Describe the incapacitated person's living arrangements, including a specific assessment of the adequacy of such living arrangement:

- Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary):
 Mental:
 Physical:
 Social:
 State any changes in the condition of the incapacitated person in the past year:

- Describe all medical, educational, vocational, social, recreational and any professional services and activities provided to the incapacitated person for the period covered by this report, and state your opinion of the adequacy of the care received by the incapacitated person. The information required by this subdivision shall include (i) the specific frequency or number of times the incapacitated person was seen by such providers; (ii) the date and location of and reason for any

hospitalization of such incapacitated person; and (iii) a description of the educational, vocational, social, and recreational activities in which such incapacitated person participated:

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4. State whether or not you agree with the current treatment or care plan:

.....

5. State your recommendation as to the need for continued guardianship and any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes:

.....

6. If you incurred expenses in exercising your duties as guardian and if you requested reimbursement or compensation for those expenses, itemize the expenses and list the person(s) from whom you requested reimbursement or compensation:

.....

7. State the name of any persons whose access to communicate, visit, or interact with the incapacitated person has been restricted and the reasons for such restriction:

.....

8. Provide a self-assessment as to whether you feel you can continue to carry out the powers and duties imposed upon you by Virginia Code § 64.2-2019 and as specified in the court's order of appointment pursuant to Virginia Code § 64.2-2009:

.....

9. Unless the incapacitated person resides with you, provide a statement of the frequency and nature of any (i) in-person visits from you with the incapacitated person over the course of the previous year and (ii) visits over the course of the previous year from a designee performing such visit. If any visit described in this section is made virtually, please specify. If no visit was made within a six-month period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such:

.....

10. Provide a general description of the activities taken on by you for the benefit of the incapacitated person during the past year:

.....

11. Provide a statement of whether the incapacitated person has been an alleged victim in a report of abuse, neglect, or exploitation made pursuant to Article 2 (§ 63.2-1603 et seq.) of Chapter 16 of Title 63.2, to the extent known, and whether there are any other indications of abuse, neglect, or exploitation of such incapacitated person:

.....

12. Provide any other information useful in your opinion:

.....

I certify that the information contained in this Annual Report is true and correct to the best of my knowledge.

.....
DATE

.....
SIGNATURE OF GUARDIAN

| | |
|---|----------------------|
| DSS Use Only: | |
| Date Received: | Date Reviewed: |
| REVIEWER'S SIGNATURE AND TITLE | |

| | |
|------------------------|----------------|
| Court Use Only: | |
| Date Received: | |
| | Clerk |