

STATE OF SOUTH CAROLINA

COUNTY OF: _____

IN THE MATTER OF: _____

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IN THE PROBATE COURT

VISITOR'S REPORT

CASE NUMBER: _____

The undersigned court-appointed visitor in this guardianship proceeding submits the following report concerning the investigation which I conducted pursuant to Section 62-5-303 of the South Carolina Probate Code. In my visit to the place where the allegedly incapacitated person resides, I observed the following.

REPORT ON THE INCAPACITATED PERSON

1. Date and place of interview: _____
2. Oriented as to the time and place? ☐ YES ☐ NO
3. Physical Appearance: _____
4. Who are his/her closest family members? _____
5. Does he/she have a doctor? ☐ NO ☐ YES If yes, please list the doctor's name, address, and phone number.

6. Does he/she have an attorney? ☐ NO ☐ YES If yes, please list the attorney's name, address, and phone number.

7. Does he/she think he/she needs help caring for himself/herself? ☐ NO ☐ YES If yes, in what areas?

8. Would he/she like help in caring for himself/herself? ☐ YES ☐ NO
9. Does he/she know the proposed Guardian? ☐ YES ☐ NO
10. How does he/she feel about having that person appointed as his/her guardian?

11. Does he/she feel any of the guardian powers or duties should be limited or restricted in any way? If so, how?

12. How does he/she feel about the proposed guardianship?

13. How does he/she feel about the proposed scope and duration of the proposed guardianship?

REPORT ON THE PROPOSED GUARDIAN

1. Has an adult protective service case or family management case ever been opened on this person? ☐ NO ☐ YES
If yes, please explain.

If yes, does the DSS record reveal anything you believe the court should know? ☐ NO ☐ YES If yes, please explain.

2. Does your investigation of the proposed guardian reveal anything that you believe the court should know? ☐ NO
☐ Yes If yes, please explain.

3. Does your investigation reveal any other person who should be considered to be appointed the guardian in this matter? ☐ NO ☐ YES If yes, please explain, including name, address, telephone, age, and relationship to allegedly incapacitated person.

REPORT ON CONDITION OF PRESENT PLACE OF RESIDENCE

1. Date and time visited: _____

2. Address (include street, city, county, state, zip): _____

3. Type of abode: _____

4. Condition:
- a. exterior: _____
 - b. Interior: _____
 - c. utilities working: _____
 - d. cleanliness: _____
 - e. fire hazards: _____
 - f. other (explain): _____

CONCLUSIONS AND ADDITIONAL COMMENTS:

Prior to your visit, did you know the person who is alleged to be incapacitated? ☐ NO ☐ YES If yes, please explain.

Prior to your visit, did you know the person who is seeking appointment? ☐ NO ☐ YES If yes, please explain.

Prior to your visit, did you or do you now have a personal interest in these proceedings? ☐ NO ☐ YES If yes, please explain.

Executed this _____ day of _____, 20_____.

Signature: _____

Name: _____

Address: _____

Telephone (O): _____

(H): _____