

**Using This Revisable PDF Form**

## 1. Copies

Original – submitted to the local Department of Social Services.

## 2. Prepared by guardian for an incapacitated person.

## 3. Preparation details

- a. If you have any questions about this report, please contact your local office of the Department of Social Services.
- b. This report should be completed and submitted to the local Department of Social Services four months after appointment as the guardian and annually thereafter.
- c. Data Element 26 on page 4 is not filled out online.
- d. Data Elements 27 and 28 on page 4 are not filled out by the guardian.
- e. By signing this form, the guardian is certifying that the information contained in the annual report is true and correct to the best of his or her knowledge.
- f. Data Elements 29 – 40 on page 4 refer to training required for guardians and any skilled professional that has been retained to perform guardianship duties. If you have questions about his training, please contact the Department for Aging and Rehabilitative Services or go to <https://www.dars.virginia.gov/dcl/guardiantraining.htm#gsc.tab=0>.

**Data Elements, *page one***

1. The name of the adult who is the subject of this report (incapacitated person).
2. The address of the incapacitated person.
3. The name of the circuit court where the guardian who is completing this report was appointed.
4. Age of incapacitated person.
5. The case number assigned by the circuit court where the guardian was appointed.
6. The date the guardian who is completing this report was appointed to serve as guardian for the incapacitated person.
7. Date guardian was qualified by clerk.
8. The name, address and telephone number of the person who was appointed guardian for the incapacitated person.
9. The name, address and telephone number of the person who was appointed conservator for the incapacitated person, if applicable.
10. Check this box if the same person was appointed as both guardian and conservator. If checked, the name, address and telephone number need not be repeated.
11. Indicate by checking the applicable box whether this is the initial four-month report, an annual report, or a final report. If this is a final report, indicate the reason for the final report on the provided line.
12. Insert the date the reporting period began and the date the reporting period ended.
13. Provide information requested.
14. Provide information requested.

**Data Elements, *page 2***

15. Provide information requested
16. Provide information requested.
17. Provide information requested.
18. Provide information requested. If you are requesting reimbursement, you must provide an itemized list of each expense.
19. Provide information requested.

**Data Elements, *page 3***

- 20. Provide information requested.
- 21. Provide information requested. If the incapacitated person resides with you, it is not necessary to list the frequency and nature of each interaction with him or her.
- 22. Provide information requested.
- 23. Provide information requested.
- 24. Provide information requested.

---

**Data Elements, page 4**

- 25. Date signed by guardian completing this report.
- 26. Signature of guardian completing this report. Not filled out online.
- 27. For use by Department of Social Services personnel only.
- 28. For use by court personnel only.
- 29. Check this box if you were appointed as a guardian before July 1, 2025. If this does not apply to you, skip to Data Element 35.
- 30. Check this box if you have completed the guardianship training.
- 31. Check this box if you have not completed the guardianship training.
- 32. Check this box if you have retained a skilled professional to perform guardianship duties on your behalf (for example, a nurse or caregiver). If you have not retained a professional, leave this box blank, and you have completed the form.
- 33. Check this box if the professional has completed the training.
- 34. Check this box if the professional has not completed the training.
- 35. Check this box if you were appointed as a guardian on or after July 1, 2025.
- 36. Check this box if you have completed the guardianship training.
- 37. Check this box if you have not completed the guardianship training.
- 38. Check this box if you have retained a skilled professional to perform guardianship duties on your behalf (for example, a nurse or caregiver). If you have not retained a professional, leave this box blank, and you have completed the form.
- 39. Check this box if the professional has completed the training.
- 40. Check this box if the professional has not completed the training.

# REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON

COMMONWEALTH OF VIRGINIA

VA. CODE § 64.2-2020

Name of Incapacitated Person:	<b>1</b>		
Address of Incapacitated Person:	<b>2</b>		
Circuit Court where Guardian appointed:	<b>3</b>	Age:	<b>4</b>
Circuit Court Case No.:	<b>5</b>		
Date of Order of Appointment:	<b>6</b>	Date Qualified by Clerk:	<b>7</b>
Guardian's Name:	<b>8</b>		
Address:			
Telephone Number:			
Conservator's Name:	<b>9</b>		
Address:			
<b>10</b> <input type="checkbox"/> Same as Guardian			
Telephone Number:			

**11** ☐ Initial four-month report ☐ Annual report ☐ Final report .....  
REASON FOR FILING FINAL REPORT

The period covered by this report is: ..... **12** ..... to ..... **12** .....

Please make all responses as detailed as possible.

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

..... **13** .....  
.....  
.....  
.....

2. Describe the current mental, physical and social condition of the incapacitated person (attach additional pages if necessary): ..... **14** .....

Mental: .....

Physical: .....

Social: .....

State any changes in the condition of the incapacitated person in the past year: .....

.....  
.....

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. The information required by this subdivision shall include (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 such incapacitated person; and (iii) a description of the educational, vocational, social, and recreational activities in which such incapacitated person participated:

15

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

16

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:

17

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:

18

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:

19

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:

20

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 120-day period, describe any challenges or limitations in completing such visit. If the incapacitated person resides with you, state as such:

21

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

22

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:

23

12. Provide any other information useful in your opinion:

24



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

25

DATE

26

SIGNATURE OF GUARDIAN

27

**DSS Use Only:**

Date Received: ..... Date Reviewed: .....

REVIEWER'S SIGNATURE AND TITLE

28

**Court Use Only:**

Date Received: .....

Clerk

**Required guardianship training pursuant to Va. Code § 64.2-2019:**

- Guardians are required to complete guardianship training developed by the Department for Aging and Rehabilitative Services. Any skilled professional retained by the guardian to perform guardianship duties on their behalf must also complete the required training. No guardian or skilled professional is required to complete the training more frequently than once every 36 months. Therefore, guardians and skilled professionals are not required to complete the guardianship training upon qualification if such training was already completed within the past 36 months in conjunction with another guardianship appointment.
- **Guardians appointed before July 1, 2025** and any skilled professional retained to perform guardianship duties on their behalf must complete the training by **January 1, 2027**.
- **Guardians appointed on or after July 1, 2025** and any skilled professional retained to perform guardianship duties on their behalf must complete the training within 120 days after the date of qualification.
- For additional information about this training go to <http://www.dars.virginia.gov/dcl/guardiantraining.htm>.

**Training certification: (Choose either option 1 or 2 below)**

- 29 1. ☐ I was appointed as a guardian before July 1, 2025, and:
- 30 ☐ I have completed the required guardianship training.
- 31 ☐ I have not completed the required guardianship training. I understand that I must complete the training by January 1, 2027.
- 32 ☐ I have retained a skilled professional to perform guardianship duties on my behalf, and:
- OR 33 ☐ The professional has completed the required training.
- 34 ☐ The professional has not completed the required training. I understand the professional must complete the required training by January 1, 2027.
- 35 2. ☐ I was appointed as a guardian on or after July 1, 2025, and:
- 36 ☐ I have completed the required guardianship training.
- 37 ☐ I have not completed the required guardianship training. I understand that I should have completed the training within 120 days after my date of qualification and should complete the training as soon as possible.
- 38 ☐ I have retained a skilled professional to perform guardianship duties on my behalf, and:
- 39 ☐ The professional has completed the required training.
- 40 ☐ The professional has not completed the required training. I understand that the professional should complete the training as soon as possible.