



# **GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

The Office of the Executive Secretary, Supreme Court of Virginia acknowledges with appreciation the preparation of these materials by Senior Lawyers Conference, Virginia State Bar. July 1, 2006

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING  
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<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
I. BEFORE YOU BEGIN: CONSULTING A LAWYER.....	1
II. WHAT IS A GUARDIAN/CONSERVATOR? .....	1
A. Definition And General Responsibilities.....	1
B. Purpose of Guardianship/Conservatorship .....	1
III. WHO QUALIFIES AS ONE IN NEED OF A GUARDIAN/CONSERVATOR? .....	2
IV. WHO QUALIFIES AS A GUARDIAN/CONSERVATOR?.....	2
V. WHAT ARE THE PROCEDURES FOR APPOINTING A GUARDIAN/CONSERVATOR? .....	2
A. Filing a Petition.....	2
B. Guardians Ad Litem .....	3
C. Requirement of Notice.....	4
D. Evaluation Report .....	4
E. Respondent's Rights.....	5
F. Hearing at the Circuit Court .....	6
G. Requirement for Security: For Conservators ONLY .....	6
VI. POWERS AND DUTIES OF GUARDIANS/CONSERVATORS .....	6
A. Guardian .....	6
B. Conservator.....	7
VII. MODIFICATION/TERMINATION OF GUARDIANSHIP/CONSERVATORSHIP ... .....	10
VIII. ASSISTANCE – VIRGINIA AREA AGENCIES ON AGING .....	10
IX. FORMS .....	19
A. Form CC-1652 INCAPACITATED ADULT INFORMATION FORM.....	19
B. Contents of Petition .....	22
C. Form CC-1642 ADDENDUM TO PETITION FOR APPOINTMENT OF GUARDIAN OR CONSERVATOR – UNDER SEAL.....	24
D. Form CC-1644 REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON .....	25
E. Form CC-1671 INVENTORY FOR ESTATE OF INCAPACITATED ADULT .....	27
F. Form CC-1682 ACCOUNT FOR INCAPACITATED ADULT.....	30
G. Sample Form CC-1682 ACCOUNT FOR INCAPACITATED ADULT.....	31

Guardians and conservators are appointed by the court for persons who lack the physical and/or mental capacity to care for themselves and are found to be incapable of caring for themselves or their property.

Guardians and conservators make decisions regarding the personal and financial affairs, respectively, of such incapacitated persons.

The following materials address frequently asked questions relating to the guardianship/conservatorship appointment process. These materials are to be distributed to circuit court clerks to educate petitioners, guardians *ad litem*, attorneys, evaluators, guardians, and conservators.

**I. BEFORE YOU BEGIN: CONSULTING A LAWYER**

Because of the recent changes to Virginia's guardianship laws, which were set forth in Article 1 of Chapter 10 of Title 37.2, Code of Virginia, it is advisable that persons seeking to petition for the appointment of guardians and conservators for incapacitated adults consult an attorney before undertaking any of the procedures specified herein. A lawyer may advise you to consider other alternatives to guardianships and conservatorships and save you from the effort and costs of what may be unnecessary guardianship/conservatorship proceedings.

**II. WHAT IS A GUARDIAN/CONSERVATOR?**

**A. Definition And General Responsibilities**

A guardian is a person appointed by the court who is responsible for the personal affairs of an incapacitated person. A guardian is responsible for making decisions regarding the incapacitated person's support, care, health, safety, habilitation, education, therapeutic treatment, and if not inconsistent with an order of commitment, residence.

A conservator is a person appointed by the court who is responsible for managing the estate and financial affairs of an incapacitated person.

Either a conservator or guardian may be full, limited, or temporary, depending upon the courts order.

**B. Purpose of Guardianship/Conservatorship**

The purpose of a guardianship/conservatorship is to ensure that the best interests of the incapacitated person are represented and accounted for. A guardian/conservator serves as a fiduciary to the incapacitated person. A fiduciary is one who stands in a relationship of trust to another and must act prudently and in the best interests of the person for whom he or she is appointed as a fiduciary.

**III. WHO QUALIFIES AS ONE IN NEED OF A GUARDIAN/CONSERVATOR?**

Guardians/conservators are appointed for incapacitated persons. An incapacitated person is an adult who has been found by the court to be incapable of receiving and evaluating information effectively or responding to people, events or environments to such an extent that the individual lacks the capacity to:

- meet the essential requirements for his health, care, safety, or therapeutic needs without the assistance or protection of a guardian. For instance, the individual may demonstrate:
  - o disorientation and memory loss
  - o noticeable physical and behavioral changes compared to the previous year
  - o inability to care for him or herself (neglect of personal hygiene, careless eating and sleeping routines)

OR

- manage property or financial affairs or to provide for his or her support or for the support of legal dependents without the assistance or protection of a conservator.

A finding that the individual displays poor judgment, alone, shall not be considered sufficient evidence that the individual is an incapacitated person within the meaning of this subsection.

**IV. WHO QUALIFIES AS A GUARDIAN/CONSERVATOR?**

Any person may file a petition for the appointment of a guardian, conservator, or both. The person filing a petition (petitioner) does not necessarily have to be the person who will be appointed guardian or conservator.

**V. WHAT ARE THE PROCEDURES FOR APPOINTING A  
GUARDIAN/CONSERVATOR?**

The allegedly **incapacitated person** will be referred to as the **respondent** under this section during the appointment process.

**A. Filing a Petition**

1. Where to File: A petition for the appointment of a guardian/conservator is filed in the circuit court of the county or city where the respondent:
  - is a resident or is located

- resided immediately prior to becoming a patient, voluntarily or involuntarily in a hospital, or resident in a nursing facility, nursing home, convalescent home, assisted living facility as defined in Va. Code § 63.2-100, or other similar institution.

If the petition is for the appointment of a conservator of a nonresident of Virginia who has property in Virginia, then the petition must be filed in the circuit court in the city or county where the property is located.

The petitioner may file a **joint petition** for the appointment of a guardian **AND** conservator of the same person.

2. Contents of the Petition: See the sample PETITION provided in this pamphlet.

**B. Guardians Ad Litem**

1. Definition. A guardian *ad litem* is an attorney at law, licensed to practice law in Virginia and appointed by the circuit court to represent the interests of the respondent during the guardianship proceedings. The guardian *ad litem* must be certified by the Judicial Council of Virginia, which has developed, in conjunction with the Virginia State Bar and the Virginia Bar Association, standards for attorneys who are appointed as guardians *ad litem* and maintains a list of certified attorneys. The guardian *ad litem*'s fee is fixed by the court and is paid by the petitioner or taxed as part of the costs of the proceeding, as the court directs.

2. Duties:

- personally visiting the respondent
- advising the respondent of his/her rights, and certifying to the court that the respondent has been so advised
- recommending that legal counsel be appointed for the respondent if the guardian *ad litem* believes that is necessary
- investigating the petition and evidence and filing a report with the court
- personally appearing at all court proceedings and conferences

Guardians *ad litem* may also interview witnesses, relatives, and references for qualifying petitioners, verify medical evaluations, participate in appointment hearings, present evidence, and prepare a report for the court, legal documents.

**C. Requirement of Notice**

It is advised that the petitioner consult a lawyer in meeting notice and service of process requirements. The respondent must have reasonable notice of the guardianship/conservatorship proceedings and must be personally served with the notice, a copy of the petition and a copy of the court's order appointing a guardian *ad litem*. The respondent may not waive notice, and the petitioner's failure to give required notice constitutes a jurisdictional defect.

1. Content of the Notice: A brief statement to the respondent in at least 14 point type of the purpose of the proceedings, his/her right to counsel and to a hearing, and the following statement in bold, conspicuous print:

**WARNING:**

**AT THE HEARING YOU MAY LOSE MANY OF YOUR RIGHTS. A GUARDIAN MAY BE APPOINTED TO MAKE PERSONAL DECISIONS FOR YOU. A CONSERVATOR MAY BE APPOINTED TO MAKE DECISIONS CONCERNING YOUR PROPERTY AND FINANCES. THE APPOINTMENT MAY AFFECT CONTROL OF HOW YOU SPEND YOUR MONEY, HOW YOUR PROPERTY IS MANAGED AND CONTROLLED, WHO MAKES YOUR MEDICAL DECISIONS, WHERE YOU LIVE, WHETHER YOU ARE ALLOWED TO VOTE, AND OTHER IMPORTANT RIGHTS.**

2. Notice to Others. The petitioner must mail a copy of the notice, along with a copy of the petition, at least 7 days before the hearing by first class mail to all adult individuals and to all entities whose names and post office addresses appear in the petition. In addition, the petitioner must file with the clerk a statement of compliance with notice requirements.

**D. Evaluation Report**

A report evaluating the condition of the respondent must be filed with the court and given to the guardian *ad litem* within a reasonable time prior to the hearing.

1. Who Prepares the Report: A licensed physician, psychologist, or a licensed professional skilled in the assessment and treatment of the physical or mental conditions of the respondent should prepare the report. If such report is not available, the court may proceed to hold the hearing without the report for good cause shown and absent objection by the guardian *ad litem*, or may order that such be prepared.

2. Content of the Report: The report must include, to the evaluator's best information and belief:
  - Description of the nature, type, and extent of the respondent's incapacity, including his/her specific functional impairments
  - Diagnosis or assessment of the respondent's mental and physical condition, including a statement as to whether or the respondent is on any medications that may affect his or her actions or demeanor, and where appropriate and consistent with the scope of the evaluator's license, an evaluation of the respondent's ability to learn self-care skills, adaptive behavior and social skills and prognosis for improvement
  - Date and dates of examinations, evaluations, and assessments upon which the report is based
  - Signature of the person conducting the evaluation and the nature of the professional license held by such person

In the absence of bad faith or malicious intent, the person performing the evaluation shall be immune from civil liability for any breach of patient confidentiality made in furtherance of the evaluator's duties under the statute.

**E. Respondent's Rights**

- To be represented by legal counsel of his or her choice
- To a trial by jury
- To compel the attendance of witnesses, to present evidence on his or her own behalf, and to confront and cross-examine witnesses
- To have the hearing held at such convenient place as the court directs, including the place where the respondent is located
- For the proposed guardian or conservator to be present at the hearing, except for good cause shown, and for proposed guardian or conservator, where appropriate, to provide the court with a recommendation as to living arrangements and a treatment plan
- To be personally present at the hearing and at all stages of the proceedings
- Whether or not present, to be considered to have denied all allegations in the petition

- For the court, in determining the need for a guardian/conservator, and the power and duties of any needed guardian or conservator, to consider the following factors:
  - o limitations of the respondent
  - o development of the respondent's maximum self-reliance and independence
  - o availability of less restrictive alternatives, including advance directives and durable powers of attorney
  - o extent to which it is necessary to protect the respondent from neglect, exploitation or abuse
  - o actions needed to be taken by the proposed guardian/conservator
  - o suitability of the proposed guardian/conservator

**F. Hearing at the Circuit Court**

The respondent is entitled to a hearing before a judge of the circuit court, and if requested, a jury trial. The hearing may be held at such convenient place as the court directs, including the place where the respondent is located (especially if he or she is bedridden or physically handicapped). The petitioner, respondent, and guardian *ad litem* are all entitled to call witnesses and present evidence. If, after considering the evidence, the court or jury determines on the basis of clear and convincing evidence that the respondent is incapacitated and in need of a guardian or conservator, for the court to give due deference to the wishes of the respondent in appointing the guardian/conservator, and for the court in its order to make specific findings of fact and conclusions of law in support of each provision of the court's order.

**G. Requirement for Security: For Conservators ONLY**

The conservator must furnish security on his or her bond, if required by the court's order.

**VI. POWERS AND DUTIES OF GUARDIANS/CONSERVATORS**

**A. Guardian**

1. The powers of a guardian include only those powers enumerated in the court order.
2. A guardian stands in a **fiduciary relationship** to the incapacitated for whom he or she was appointed guardian and may be held personally liable for a breach of any fiduciary duty to the incapacitated person. A guardian shall not be liable for the

acts of the incapacitated person, unless the guardian is personally negligent. A guardian shall not be required to expend personal funds on behalf of the incapacitated person. The guardian may receive compensation from the estate of the incapacitated person.

3. A guardian's duties and authority **shall not extend to decisions addressed in a valid advance directive or durable power of attorney previously executed** by the incapacitated person. A guardian may seek court authorization to revoke, suspend, or otherwise modify a durable power of attorney. A guardian may seek court authorization to modify the designation of an agent under an advance directive, but such modification shall not in any way affect the incapacitated person's directives concerning the provision or refusal of specific medical treatments or procedures.
4. A guardian must **maintain sufficient contact** with the incapacitated person to know of his or her capabilities, limitations, needs, and opportunities. Visit the incapacitated person as often as necessary.
5. Prior **court authorization** is necessary:
  - to change the incapacitated person's residence to another state
  - to terminate or consent to a termination of the person's parental rights
  - to initiate a change in the person's marital status
6. The guardian shall, to the extent feasible, encourage the **incapacitated person to participate** in decisions, to act on his or her own behalf, and to develop or regain the capacity to manage his or her personal affairs. In making decisions, the guardian shall consider the expressed desires and personal values of the incapacitated person to the extent known, and shall otherwise, act in the incapacitated person's best interest and exercise reasonable care, diligence, and prudence.
7. The guardian must file an annual report with the local department of social services for the jurisdiction in which he or she was appointed. This report is made on a form provided by the Office of the Executive Secretary of the Virginia Supreme Court.

**B. Conservator**

1. At all times, the conservator is to exercise reasonable care, diligence, and prudence, and shall act in the **best interest of the incapacitated person**, to the extent known to him or her, the conservator shall consider the expressed desires and personal values of the incapacitated person.

2. Subject to limitations or conditions in the conservatorship order, the conservator shall **take care of and preserve the estate of the incapacitated person and manage it to the best advantage**. As a fiduciary, the conservator is bound to follow Virginia's Uniform Prudent Investor Act (§26- 45.3 et seq.). The conservator shall apply income from the estate, or so much as may be necessary, to the payment of the debts of the incapacitated person, including payment of reasonable compensation to himself or herself and to any guardian appointed, to the maintenance of such person and of his or her legal dependents, if any, and, to the extent that the income is not sufficient, shall so apply the corpus of the estate. The Commissioner of Accounts provides direction regarding appropriateness and reasonableness of expenditures.
3. The conservator shall, to the extent feasible, encourage the incapacitated person to participate in decisions, to act on his or her own behalf, and to develop or regain the capacity to manage the estate and his or her financial affairs. A conservator shall also consider:
  - the size of the estate
  - probable duration of the conservatorship
  - incapacitated person's accustomed manner of living
  - other resources known to the conservator to be available
  - recommendations of the guardian
4. The conservator stands in a fiduciary relationship to the incapacitated person for whom he or she was appointed conservator and may be held personally liable for a breach of any fiduciary duty under Title 26 of the Virginia Code. Unless otherwise provided in the contract, a conservator is personally liable on a contract entered into in a fiduciary capacity in the course of the administration of the estate unless he or she reveals the representative capacity and identifies the estate in the contract.

Claims based upon contracts entered into by a conservator in a fiduciary capacity, obligations arising from ownership or control of the estate, or torts committed in the course of administration of the estate, may be asserted against the estate by proceeding against the conservator in a fiduciary capacity, whether or not the conservator is personally liable therefore. A successor conservator is not personally liable for the contracts or actions of a predecessor.
5. As of the date the conservator is appointed, he or she shall have the following powers in **managing the incapacitated person's estate**, which may be exercised without prior court authorization except as otherwise specifically provided in the court's order of appointment:
  - To ratify or reject a contract entered into by the incapacitated person

- To pay any sum distributable for the benefit of the incapacitated person or for the benefit of a legal dependent to the following parties, if applicable:
    - o distributee
    - o provider of goods and services
    - o any individual or facility that is responsible for or has assumed responsibility for care and custody
    - o distributee's custodian under a Uniform Gifts or Transfer to Minors Act of any applicable jurisdiction
    - o guardian of the incapacitated person or, in the case of a dependent, to the dependent's guardian or conservator
  - To maintain life, health, casualty and liability insurance for the benefit of the incapacitated person, or legal dependents
  - To manage the estate following termination of the conservatorship until its delivery to the incapacitated person, or successors in interest
  - To execute and deliver all instruments, and to take all other actions that will serve in the best interests of the incapacitated person
  - To initiate a proceeding to:
    - o revoke a power of attorney under the provisions of Va. Code § 11-9.1
    - o to make an augmented estate election under Va. Code § 64.1-13
  - To borrow money for such periods of time and upon such terms and conditions as to rates, maturities, renewals and security, as shall seem advisable, including the power to borrow from the conservator, if the conservator is a bank; to mortgage or pledge such portion of the incapacitated person's estate as may be required to secure such loan or loans; and, as maker or endorser, to renew existing loans.
6. The court may impose **requirements to be satisfied by the conservator prior to the conveyance of any interest in real estate**, including, but not limited to:
- increasing the amount of the conservator's bond
  - securing an appraisal of the real estate or interest
  - giving notice to interested parties as the court deems proper
  - consulting with the commissioner of accounts and the guardian (if one has been appointed)

If the court imposes such requirements, the conservator must make a report of his compliance with each requirement, to be filed with the commissioner of accounts. Promptly following receipt of the conservator's report, the commissioner shall file a report with the court indicating whether the requirements imposed have been met and whether the sale is otherwise consistent with the conservator's duties. The conveyance shall not be closed until a report by the commissioner of accounts is filed with the court and confirmed as provided in Va. Code §§ 26-33, 26-34 and 26-35.

7. The conservator must comply with the **fiduciary filing requirements** under Va. Code §§ 26-12 and 26-17.4, which include filing an Inventory within four months of the date of appointment (*See* Form CC-1671 INVENTORY FOR ESTATE OF INCAPACITATED ADULT), filing a first Account within six months of the date of appointment (*See* Form CC-1682 ACCOUNT FOR INCAPACITATED ADULT), and an annual Account thereafter within four months of the end of the twelve month period commencing on the terminal date of the preceding Account.

**VII. MODIFICATION/TERMINATION OF GUARDIANSHIP/CONSERVATORSHIP**

Upon petition of the incapacitated person, the guardian, or conservator, or upon the court's own motion, the court may declare the incapacitated person restored to capacity, and/or may modify or terminate the provisions of the guardianship.

**VIII. ASSISTANCE – VIRGINIA AREA AGENCIES ON AGING**

<p><b><u>VIRGINIA DEPARTMENT FOR THE AGING</u></b></p> <p>1610 Forest Avenue, Suite 100 Richmond, VA 23229</p> <p>(804) 662-9333/ Toll Free: 1-800-552-3402 Fax: (804) 662-9354 <a href="http://www.vda.virginia.gov/">http://www.vda.virginia.gov/</a></p>	
<p><b><u>VIRGINIA GUARDIANSHIP ASSOCIATION</u></b></p> <p>P.O. Box 9204 Richmond, VA 23227-9998</p> <p>Phone: 804-261-4046</p> <p><a href="http://www.vgavirginia.org/">http://www.vgavirginia.org/</a></p>	

<p><b><u>ALEXANDRIA OFFICE OF AGING AND ADULT SERVICES</u></b></p> <p><b>MaryAnn Griffin, Director</b> 2525 Mount Vernon Avenue Alexandria, VA 22301-1159</p> <p>Phone: 703-838-0920 TDD: 703-836-1493 Fax: 703-549-1382</p> <p>E-mail: <a href="mailto:MaryAnn.Griffin@alexandriava.gov">MaryAnn.Griffin@alexandriava.gov</a> Web site: <a href="http://alexandriava.gov/humanservices/info">http://alexandriava.gov/humanservices/info</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>City of Alexandria</p>
<p><b><u>APPALACHIAN AGENCY FOR SENIOR CITIZENS</u></b></p> <p><b>Diana Wallace, Executive Director</b> 216 College Ridge Road, Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765</p> <p>Toll-Free: 1-800-656-2272 Phone: 276-964-4915 TTY: 276-964-5765 Fax: 276-963-0130</p> <p>E-mail: <a href="mailto:aasc@aasc.org">aasc@aasc.org</a> Web site: <a href="http://www.aasc.org">http://www.aasc.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Buchanan, Dickenson, Russell and Tazewell</p>
<p><b><u>ARLINGTON AGENCY ON AGING</u></b></p> <p><b>Terri Lynch, Director</b> Department Of Human Services 3033 Wilson Boulevard, Suite 700B Arlington, VA 22201-3843</p> <p>Phone: 703-228-1700 TTY: 703-228-1788 Fax: 703-228-1174</p> <p>E-mail: <a href="mailto:arlaaa@arlingtonva.us">arlaaa@arlingtonva.us</a> Web site: <a href="http://www.arlingtonva.us/aging">http://www.arlingtonva.us/aging</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>County of Arlington</p>

<p><b><u>BAY AGING</u></b></p> <p><b>Allyn Gemerek, President</b> 5306 Old Virginia Street P.O. Box 610 Urbanna, VA 23175-0610</p> <p>Toll-Free: 1-800-693-6109 for Middle Peninsula Toll-Free: 1-800-493-0238 for Northern Neck Phone: 804-758-2386 Fax: 804-758-5773</p> <p>E-mail: <a href="mailto:kvesley@bayaging.org">kvesley@bayaging.org</a> Web site: <a href="http://www.bayaging.org">http://www.bayaging.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of, Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland.</p>
<p><b><u>CENTRAL VIRGINIA AREA AGENCY ON AGING, INC.</u></b></p> <p><b>Dan Farris, Executive Director</b> 3024 Forest Hills Circle Lynchburg, VA 24501-2312</p> <p>Phone: 434-385-9070 Fax: 434-385-9209</p> <p>E-mail: <a href="mailto:cvaaa@cvaaa.com">cvaaa@cvaaa.com</a> Web site: <a href="http://www.cvaaa.com">http://www.cvaaa.com</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Amherst, Appomattox, Bedford and Campbell. Cities of Bedford and Lynchburg.</p>
<p><b><u>CRATER DISTRICT AREA AGENCY ON AGING</u></b></p> <p><b>David L. Sadowski, Sr. Executive Director</b> 23 Seyler Drive Petersburg, VA 23805-9243</p> <p>Phone: 804-732-7020 Fax: 804-732-7232</p> <p>E-mail: <a href="mailto:director@cdaaa.org">director@cdaaa.org</a> Web site: <a href="http://www.cdaaa.org">http://www.cdaaa.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex. Cities of Colonial Heights, Emporia, Hopewell and Petersburg.</p>

<p><b><u>DISTRICT THREE SENIOR SERVICES</u></b></p> <p><b>Mike Guy, Executive Director</b> 4453 Lee Highway Marion, VA 24354-4269</p> <p>Toll-Free: 1-800-541-0933 Phone: 276-783-8157 or 276-783-8158 Fax: 276-783-3003</p> <p>E-mail: <a href="mailto:district-three@smyth.net">district-three@smyth.net</a> Web site: <a href="http://www.district-three.org">http://www.district-three.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Bland, Carroll, Grayson, Smyth, Washington and Wythe. Cities of Bristol and Galax</p>
<p><b><u>EASTERN SHORE AREA AGENCY ON AGING/COMMUNITY ACTION AGENCY, INC.</u></b></p> <p><b>Diane Musso, Executive Director</b> 36282 Lankford Highway Colonial Square, Suite 13-D P.O. Box 415 Belle Haven, VA 23306-0415</p> <p>Toll-Free: 1-800-452-5977 Phone: 757-442-9652 Fax: 757-442-9303</p> <p>E-mail: <a href="mailto:esaaa@aol.com">esaaa@aol.com</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Accomack and Northampton</p>
<p><b><u>FAIRFAX AREA AGENCY ON AGING</u></b></p> <p><b>Grace Starbird, Director</b> 12011 Government Center Parkway, Suite 708 Fairfax, VA 22035-1104</p> <p>Toll-Free: 1-866-503-0217 Phone: 703-324-5411 TTY: 703-449-1186 Fax: 703-449-8689</p> <p>E-mail: <a href="mailto:fairfax_aaa@fairfaxcounty.gov">fairfax_aaa@fairfaxcounty.gov</a> Web site: <a href="http://www.fairfaxcounty.gov/service/aaa">http://www.fairfaxcounty.gov/service/aaa</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>County of Fairfax. Cities of Fairfax and Falls Church.</p>

<p><b><u>JEFFERSON AREA BOARD FOR AGING (JABA)</u></b></p> <p><b>Gordon Walker, Chief Executive Officer</b> 674 Hillsdale Drive, Suite 9 Charlottesville, VA 22901-1799</p> <p>Phone: 434-817-5222 Fax: 434-817-5230</p> <p>E-mail: <a href="mailto:info@jabacares.org">info@jabacares.org</a> Web site: <a href="http://www.jabacares.org">http://www.jabacares.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Albemarle County:(434) 817-5222 Fluvanna Co. Senior Center Phone:(434) 842-3693; Greene Co. Senior Center Phone: (434) 985-2047 Louisa Co. Senior Center Phone: (540) 967-4433; Nelson Co. Senior Center Phone: (434) 263-7155. City of Charlottesville: (434) 817-5222</p>
<p><b><u>LAKE COUNTRY AREA AGENCY ON AGING</u></b></p> <p><b>Gwen Hinzman, President/CEO</b> 1105 West Danville Street South Hill, VA 23970-3501</p> <p>Toll-Free: 1-800-252-4464 Phone: 434-447-7661 Fax: 434-447-4074 E-mail: <a href="mailto:ghinzman@lcaaa.org">ghinzman@lcaaa.org</a> Web site: <a href="http://www.lcaaa.org">http://www.lcaaa.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Brunswick, Halifax and Mecklenburg</p>
<p><b><u>LOA AREA AGENCY ON AGING, INC.</u></b></p> <p><b>Susan Williams, Executive Director</b> 706 Campbell Avenue, SW P.O. Box 14205 Roanoke, VA 24038-4205</p> <p>Phone: 540-345-0451 Fax: 540-981-1487</p> <p>E-mail: <a href="mailto:info@loaa.org">info@loaa.org</a> Web site: <a href="http://www.loaa.org">http://www.loaa.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Alleghany County (540) 962-0465; Botetourt County:(540) 966-1094; Eagle Rock Office (540) 882-2892; Craig County: (540) 864-6031. Cities of Covington, Roanoke (540) 345-0451 and Salem.</p>

<p><b><u>LOUDOUN COUNTY AREA AGENCY ON AGING</u></b></p> <p><b>Lynn A. Reid, Ph.D., Director</b> 215 Depot Court SE, 2nd Floor Leesburg, VA 20175-3017</p> <p>Phone: 703-777-0257 Fax: 703-771-5161</p> <p>E-mail: <a href="mailto:aaa@loudoun.gov">aaa@loudoun.gov</a> Web site: <a href="http://www.co.loudoun.va.us/prcs/aaa/index.htm">http://www.co.loudoun.va.us/prcs/aaa/index.htm</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>County of Loudoun.</p>
<p><b><u>MOUNTAIN EMPIRE OLDER CITIZENS, INC.</u></b></p> <p><b>Marilyn Pace Maxwell, Executive Director</b> Block 1-A Industrial Park Road P.O. Box 888 Big Stone Gap, VA 24219-0888</p> <p>Toll-Free: 1-800-252-6362 Phone: 276-523-4202 Fax: 276-523-4208</p> <p>E-mail: <a href="mailto:info@meoc.org">info@meoc.org</a> or <a href="mailto:meoc@meoc.org">meoc@meoc.org</a> Web site: <a href="http://www.meoc.org">http://www.meoc.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Lee, Scott and Wise. City of Norton</p>
<p><b><u>NEW RIVER VALLEY AGENCY ON AGING</u></b></p> <p><b>Tina King, Executive Director</b> 141 East Main Street, Suite 500 Pulaski, VA 24301-5029</p> <p>Toll-Free: 1-866-260-4417 Phone: 540-980-7720 Fax: 540-980-7724</p> <p>E-mail: <a href="mailto:nrvaoa@nrvaoa.org">nrvaoa@nrvaoa.org</a> Web site: <a href="http://www.nrvaoa.org">http://www.nrvaoa.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Floyd, Giles, Montgomery and Pulaski. City of Radford</p>

<p><b><u>PENINSULA AGENCY ON AGING, INC.</u></b></p> <p><b>William Massey, Executive Director</b> 739 Thimble Shoals Boulevard, Executive Center Building 1000, Suite 1006 Newport News, VA 23606-3585</p> <p>Phone: 757-873-0541 Fax: 757-873-1437</p> <p>E-mail: <a href="mailto:information@paainc.org">information@paainc.org</a> Web site: <a href="http://www.paainc.org">http://www.paainc.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of James City and York. Cities of Hampton, Newport News, Poquoson and Williamsburg</p>
<p><b><u>PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC.</u></b></p> <p><b>Ronald Dunn, Executive Director</b> 939 Inverness Road P.O. Box 398 Burkeville, VA 23922</p> <p>Toll-Free: 1-800-995-6918 Phone: 434-767-5588 Fax: 434-767-2529</p> <p>E-mail: <a href="mailto:psraaa@embarqmail.com">psraaa@embarqmail.com</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, and Prince Edward</p>
<p><b><u>Prince William Area Agency on Aging</u></b></p> <p><b>Courtney Tierney, Director</b> 7987 Ashton Avenue, Suite 231 Manassas, VA 20109-2885</p> <p>Phone: 703-792-6400 Fax: 703-792-4734 TDD: 703-792-6444</p> <p>E-mail: <a href="mailto:ctierney@pwcgov.org">ctierney@pwcgov.org</a> Web site: <a href="http://www.pwcgov.org/aoa">http://www.pwcgov.org/aoa</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>County of Prince William. Cities of Manassas and Manassas Park</p>

**RAPPAHANNOCK AREA AGENCY ON AGING, INC.**

**Jim Schaefer, Executive Director**

171 Warrenton Road  
Fredericksburg, VA 22405-1343

Toll-Free: 1-800-262-4012 (Virginia only)

Phone: 540-371-3375

Fax: 540-371-3384

E-mail: [info@raaa16.org](mailto:info@raaa16.org)

Web site: <http://www.raaa16.org>

**LOCAL AREAS SERVED:**

Counties of Caroline, King  
George, Spotsylvania and  
Stafford. City of Fredericksburg.

**RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES  
BOARD AND AREA AGENCY ON AGING**

**Brian D. Duncan, Executive Director**

15361 Bradford Road  
P.O. Box 1568  
Culpeper, VA 22701-1568

Phone: 540-825-3100

Fax: 540-825-6245

TDD: 540-825-7391

E-mail: [rrebs@rrebs.org](mailto:rrebs@rrebs.org)

Web Site: <http://www.rrebs.org>

**LOCAL AREAS SERVED:**

Counties of Culpeper, Fauquier,  
Madison, Orange and  
Rappahannock

**SENIOR CONNECTIONS, THE CAPITAL AREA  
AGENCY ON AGING, RESOURCES FOR AGING WELL**

**Thelma Bland Watson Ph.D., Executive  
Director**

24 East Cary Street  
Richmond, VA 23219-3796

Toll-Free: 1-800-989-2286

Phone: 804-343-3000

Fax: 804-649-2258

TDD: 1-804-343-3008

E-mail: [twatson@youraaa.org](mailto:twatson@youraaa.org)

Web site: <http://www.seniorconnections-va.org>

**LOCAL AREAS SERVED:**

Counties of Charles City,  
Chesterfield, Goochland,  
Hanover, Henrico, New Kent and  
Powhatan. City of Richmond.

<p><b><u>Senior Services of Southeastern Virginia</u></b></p> <p><b>John Skirven, Executive Director</b> Interstate Corporate Center, Bldg. 5 6350 Center Drive, Suite 101 Norfolk, VA 23502-4101</p> <p>Phone: 757-461-9481 (for cities of Chesapeake, Norfolk, Portsmouth and Virginia Beach) Fax: 757-461-1068</p> <p>E-mail: <a href="mailto:services@ssseva.org">services@ssseva.org</a> Web site: <a href="http://www.ssseva.org">http://www.ssseva.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Isle of Wight County (757) 357-4050; Southampton County (757) 653-2105; and cities of Chesapeake, Franklin (757) 569-8206; Norfolk, Portsmouth, Suffolk (757) 925-1449; and Virginia Beach.</p>
<p><b><u>SHENANDOAH AREA AGENCY ON AGING, INC.</u></b></p> <p><b>Helen Cockrell, Executive Director</b> 207 Mosby Lane Front Royal, VA 22630-3029</p> <p>Toll-Free: 1-800-883-4122 Phone: 540-635-7141 Fax: 540-636-7810</p> <p>E-mail: <a href="mailto:info@shenandoah.com">info@shenandoah.com</a> Web site: <a href="http://www.shenandoahaaa.com">http://www.shenandoahaaa.com</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Clarke, Frederick, Page, Shenandoah and Warren. City of Winchester</p>
<p><b><u>SOUTHERN AREA AGENCY ON AGING, INC.</u></b></p> <p><b>Teresa Carter, Executive Director</b> 204 Cleveland Avenue Martinsville, VA 24112-2020</p> <p>Toll-Free: 1-800-468-4571 Phone: 276-632-6442 Fax: 276-632-6252</p> <p>E-mail: <a href="mailto:info@southernaaa.org">info@southernaaa.org</a> Web site: <a href="http://www.southernaaa.org">http://www.southernaaa.org</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Franklin, Henry, Patrick and Pittsylvania. Cities of Danville and Martinsville</p>

<p><b><u>VALLEY PROGRAM FOR AGING SERVICES, INC.</u></b></p> <p><b>Paul Lavigne, Executive Director</b> 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980-0603</p> <p>Toll-Free: 1-800-868-8727 Phone: 540-949-7141 Fax: 540-949-7143</p> <p>E-mail: <a href="mailto:vpas@vpas.info">vpas@vpas.info</a></p>	<p><b>LOCAL AREAS SERVED:</b></p> <p>Counties of Augusta, Bath, Highland, Rockbridge and Rockingham. Cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro.</p>
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**IX. FORMS**

**A. Form CC-1652 [INCAPACITATED ADULT INFORMATION FORM](#)**

**GENERAL:** This form provides the Clerk of Court with the information necessary to qualify fiduciaries for adults who have been determined by the court to be incapacitated. This sheet contains special instructions to help you fill out this form. If you have any questions, you should telephone the Clerk. If you are unable to complete this form, the Clerk will help you. You should telephone the Clerk's office for an appointment before you go to the courthouse. Please complete as much of this form as possible before you see the Clerk.

**Instructions:**

- Line 1.** State the incapacitated person's full name, including any aliases, and the maiden name of a married woman.
- Line 4.** If you are unsure of the correct answer to this question, leave it blank until you talk to the Clerk of Court.
- Lines 10-13.** These lines are used to identify a co-fiduciary(ies), if there is one (or more).
- Lines-16-18.** These questions are to be answered by the person(s) who wishes to be qualified as fiduciary by the Clerk. A "yes" answer to any of these questions does not automatically disqualify a person from serving. Each case must be decided by the court based on its specific facts.

**Line 19.** Because of the difficulty in determining exact values at the time of qualification, the clerk will accept a reasonable estimate of the fair market value of the incapacitated person's personal property. If you do not know the actual value of the incapacitated person's real property, you may use its assessed value for local real estate tax purposes. In addition to including all property in the traditional sense, you must also include the value of (i) any periodic payments of money to which the incapacitated person is entitled (such as Social Security, 551, veteran's benefits, etc.), and (ii) the incapacitated person's legal or equitable ownership interest in any real or personal property that will pass to another at the incapacitated person's death by a means other than testate or intestate succession (such as property owned in any survivorship form with another person, an interest in a trust fund created by the incapacitated person or another, etc.).

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING  
INCAPACITATED ADULTS**

**Form CC-1652 INCAPACITATED ADULT INFORMATION FORM**

**INCAPACITATED ADULT INFORMATION FORM** Court File No. \_\_\_\_\_  
COMMONWEALTH OF VIRGINIA

[For appointment of guardian, conservator, committee, or trustee for ex-service person]

Circuit Court of \_\_\_\_\_

1. Incapacitated person's full name \_\_\_\_\_
2. Residence address (street, city, state) \_\_\_\_\_  
\_\_\_\_\_
3. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ [ ] Married [ ] Widowed [ ] Single [ ] Divorced
4. Qualification requested: [ ] guardian [ ] conservator [ ] limited conservator [ ] trustee for ex-service person  
[ ] committee [ ] standby guardian [ ] standby conservator
5. Court's order entered on \_\_\_\_\_, and recorded in \_\_\_\_\_
6. Name of person qualifying \_\_\_\_\_
7. Day telephone \_\_\_\_\_ Night telephone \_\_\_\_\_
8. Street address \_\_\_\_\_
9. Mailing address, if different \_\_\_\_\_
10. Name of other person qualifying \_\_\_\_\_
11. Day telephone \_\_\_\_\_ Night telephone \_\_\_\_\_
12. Street address \_\_\_\_\_
13. Mailing address, if different \_\_\_\_\_
14. Name of assisting attorney, if any \_\_\_\_\_ Telephone \_\_\_\_\_
15. Attorney's mailing address \_\_\_\_\_

I hereby certify that to the best of my knowledge and belief this is an accurate statement of facts, and I acknowledge a continuing legal duty to report any later discovered errors or inconsistencies to the Clerk of Court.

\_\_\_\_\_  
DATE PRINTED NAME OF REQUESTING PERSON SIGNATURE OF REQUESTING PERSON

**INFORMATION TO BE FURNISHED BY EACH PERSON SEEKING QUALIFICATION**

16. Have you ever been convicted of a felony? [ ] yes [ ] no. (If yes, explain the details on a separation sheet of paper.)
17. Have you ever filed for bankruptcy? [ ] yes [ ] no. (If yes, explain the details on a separate sheet of paper.)
18. Are you now, or have you ever been, an attorney at law in Virginia or elsewhere? [ ] yes [ ] no. (If yes, and you do not now possess an active license from the Virginia State Bar, explain the details on a separate sheet of paper.)
19. The value of the incapacitated person's personal property (see instructions) is \$ \_\_\_\_\_  
The value of the incapacitated person's real estate (see instructions) is \$ \_\_\_\_\_  
The total value of the incapacitated person's entire estate (see instructions) is \$ \_\_\_\_\_

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate statement of facts, and I (we) acknowledge a continuing duty to report any later discovered errors or inconsistencies to the Clerk of Court.

\_\_\_\_\_  
DATE PRINTED NAME OF PERSON SEEKING QUALIFICATION SIGNATURE OF PERSON SEEKING QUALIFICATION

\_\_\_\_\_  
DATE PRINTED NAME OF PERSON SEEKING QUALIFICATION SIGNATURE OF PERSON SEEKING QUALIFICATION

FORM CC-1652 MASTER 05/08  
VA. CODE §§ 37.2-1011, -1013, -1016

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

**B. Contents of Petition**

Please note that the following is a sample that was not put out or endorsed by the state; its purpose is merely to illustrate the information needed for a guardianship/conservatorship petition.

<b>PETITIONER'S INFORMATION</b>	
Name:	
Place of Residence:	
Post Office Address:	
Relationship, if any, to the incapacitated person:	
<b>RESPONDENT'S INFORMATION</b> (To the extent known by the petitioner as of the date of the filing)	
Name:	
Date of birth:	Social Security Number: ▲
Place of residence or location:	
Post Office Address:	
What is the native language of the respondent?	
Are any alternative means of communication necessary?      Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>RESPONDENT'S RELATIVES</b>	
Spouse, adult children, parents and adult siblings or, if such relatives are not known to the petitioner, at least three other known relatives of the respondent, including stepchildren. If a total of three such persons cannot be identified and located, the petitioner shall certify that fact in the petition, and the court shall set forth such finding in the final order.	
Name:	Post Office Address:
Name:	Post Office Address:
Name:	Post Office Address:
<b>INDIVIDUAL OR FACILITY (IF ANY) THAT IS RESPONSIBLE FOR OR HAS ASSUMED RESPONSIBILITY FOR THE RESPONDENT'S CARE OR CUSTODY</b>	
Name:	
Place of Residence or Location:	
Post Office Address:	
<b>AGENT DESIGNATED UNDER A DURABLE POWER OF ATTORNEY OR ADVANCED DIRECTIVE OF WHICH RESPONDENT IS THE PRINCIPAL, OR ANY GUARDIAN, COMMITTEE, OR CONSERVATOR CURRENTLY ACTING, WHETHER IN THIS STATE OR ELSEWHERE</b> *Petitioner shall attach a copy of such documents, if available.	
Names(s):	
Place of Residence or Location:	
Post Office Address:	

Must be provided under seal – use Form CC-1642 for this purpose

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

**Contents of Petition (Cont'd)**

<b>GUARDIANSHIP AND CONSERVATORSHIP TYPES</b> (Required information varies according to TYPE of guardianship and conservatorship)	
<b>TYPE REQUESTED</b>	<b>BRIEF DESCRIPTION OF:</b>
Guardianship	<ul style="list-style-type: none"> <li>· Nature and extent of respondent's alleged incapacity</li> <li>· Services currently being provided for the respondent's health, care, safety, or rehabilitation, and</li> <li>· Where appropriate, recommendation as to living arrangement and treatment plan.</li> </ul>
Limited Guardianship	<ul style="list-style-type: none"> <li>· Nature and extent of respondent's alleged incapacity</li> <li>· The specific areas of protection and assistance to be included in the order of appointment</li> </ul>
Conservatorship	<ul style="list-style-type: none"> <li>· Nature and extent of respondent's alleged incapacity</li> </ul>
Limited Conservatorship	<ul style="list-style-type: none"> <li>· Nature and extent of respondent's alleged incapacity</li> <li>· The specific areas of management and assistance to be included in the order of appointment.</li> </ul>
<b>GUARDIANS AND/OR CONSERVATORS NOMINATED BY RESPONDENT</b>	
Name:	Relationship to Respondent:
Post Office Address:	
Name:	Relationship to Respondent:
Post Office Address:	
<b>RESPONDENT'S FINANCIAL RESOURCES</b>	
Approximate Value of Property:	
Anticipated Annual Gross Income:	
Other Receipts and Debts:	
<b>STATEMENT OF WHETHER THE PETITIONER BELIEVES THAT RESPONDENT'S ATTENDANCE AT HEARING WOULD BE DETRIMENTAL TO RESPONDENT'S HEALTH, CARE OR SAFETY</b>	
<b>REQUEST FOR APPOINTMENT OF A GUARDIAN AD LITEM</b>	

**C. Form CC-1642 ADDENDUM TO PETITION FOR APPOINTMENT OF GUARDIAN OR  
CONSERVATOR - UNDER SEAL**

<b>ADDENDUM TO PETITION FOR APPOINTMENT OF GUARDIAN OR CONSERVATOR—UNDER SEAL</b>		Case No. ....
Commonwealth of Virginia		
In the Circuit Court of the [ ] City [ ] County of .....		
<b>This addendum is filed under seal pursuant to Virginia Code § 37.2-1002 in connection with a PETITION FOR APPOINTMENT OF GUARDIAN OR CONSERVATOR.</b>		
..... NAME OF RESPONDENT (LAST, FIRST, MIDDLE)	..... RESPONDENT'S SOCIAL SECURITY NUMBER	
..... DATE	..... [ ] PETITIONER [ ] ATTORNEY	
..... PRINT NAME	..... ADDRESS /TELEPHONE NUMBER OF SUBSCRIBER	
CC-1642 (MASTER) 7/06 VA. CODE § 37.2-1002		

**D. Form CC-1644 REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON**

**REPORT OF GUARDIAN FOR AN INCAPACITATED PERSON**  
COMMONWEALTH OF VIRGINIA

Name of Incapacitated Person:		Age:
Circuit Court where Guardian appointed:		
Circuit Court Case No.:	Date Appointed:	
Guardian's Name:	.....	
Address:	.....	
Telephone Number:	.....	
Conservator's Name:	.....	
Address:	.....	
<input type="checkbox"/> Same as Guardian	.....	
Telephone Number:	.....	

Initial four-month report     Annual report

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

1. Give the incapacitated person's current address and describe his or her living arrangements:

.....

.....

.....

.....

2. 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:.....

.....

.....

3. Describe all medical, educational, vocational and professional services 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:

.....

.....

.....

FORM CC-1644 (MASTER, PAGE ONE OF TWO) 7/06  
VA. CODE § 37.2-1021

4. State the number of times you visited the incapacitated person, the nature of your visits and describe your activities on behalf of the incapacitated person (Guardians are required to visit the incapacitated person as often as necessary to know of his or her capabilities, limitations, needs and opportunities):

.....  
.....

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

.....  
.....  
.....

6. State your recommendation as to the need for continued guardianship, any recommended changes in the scope of the guardianship, and the steps to be taken to make those changes, and any other information useful, in your opinion, to a consideration of the guardianship:

.....  
.....  
.....  
.....  
.....

7. 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.:

.....  
.....  
.....  
.....  
.....

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	



**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

<b>Part 2. The incapacitated person's real estate in Virginia over which you have a power of sale.</b>	
DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 2:</b>	
<b>Part 3. The incapacitated person's other real estate in Virginia.</b>	
DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 3:</b>	
<b>Part 4. The incapacitated person's other non-Virginia real estate.</b>	
DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 4:</b>	
<b>Part 5. The incapacitated person's interest in any real or personal property that will pass to another at the incapacitated person's death by way of survivorship or beneficiary designation.</b>	
DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 5:</b>	
FORM CC-1671 (MASTER, PAGE TWO OF THREE) 11/06	

**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

**Part 6. The incapacitated person's interest in any trust.**

DESCRIPTION OF PROPERTY	VALUE
<b>TOTAL VALUE OF PART 6:</b>	

**Part 7. The incapacitated person's rights to periodic payments from certain agencies of the U.S. government.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 7:</b>	

**Part 8. The incapacitated person's right to periodic payments from any other source.**

DESCRIPTION OF PROPERTY	TOTAL ANNUAL VALUE
<b>TOTAL VALUE OF PART 8:</b>	

**CERTIFICATE OF ACCURACY AND COMPLETENESS**

[Must be signed by each fiduciary.]

I (we) hereby certify that to the best of my (our) knowledge and belief this is an accurate and complete inventory of this estate made in accordance with my (our) responsibilities under Virginia law.

Date ..... Fiduciary .....

Address .....

Telephone No.: .....

Date ..... Fiduciary .....

Address .....

Telephone No.: .....

**CERTIFICATE OF COMMISSIONER**

The Commissioner of Accounts has not independently verified the value of the items on the inventory, or the fact that they are the only assets of the estate.

Inspected, found to be in proper form, and approved on .....

\_\_\_\_\_  
Commissioner of Accounts

Received in the Clerk's Office and admitted to record on .....

\_\_\_\_\_  
Clerk



**GUARDIANSHIP AND CONSERVATORSHIP PROCEEDINGS REGARDING INCAPACITATED ADULTS**

**G. Sample Form CC-1682 ACCOUNT FOR INCAPACITATED ADULT**

**SAMPLE ACCOUNT FOR INCAPACITATED ADULT** Court File No. ....  
COMMONWEALTH OF VIRGINIA

Circuit Court of .....  
Estate of ....., an incapacitated adult  
Residence of incapacitated person: .....

Type of Fiduciary:  Conservator  Guardian  Committee  
 Trustee for ex-service person  Limited Conservator

Name of fiduciary ..... Day telephone .....  
Mailing address .....

Name of other fiduciary ..... Day telephone .....  
Mailing address .....

This is account number  one  two  three  ..... Is this a final account?  yes  no.  
From ..... (date of qualification or end of last account) to ..... (end of this account)

---

**ACCOUNT SUMMARY**

1. Beginning Assets (from Parts 1, 2 and 5 of the inventory or from the prior account)	\$ 102,306.65
2. Receipts*	\$ 37,328.08
3. Gains on Asset Sales (attach itemized list)	\$ 1,125.00
4. Adjustments (attach itemized list)	\$ 4,375.00
5. Total of 1, 2, 3 and 4 (must equal Total on Line 10)	\$ 145,134.73
6. Disbursements (attach itemized list)	\$ 34,085.00
7. Losses on Asset Sales (attach itemized list)	\$ 0.00
8. Distributions (final account only) (attach itemized list)	\$ 0.00
9. Assets on Hand (attach itemized list) (carrying value)	\$ 111,049.73
10. Total of 6, 7, 8 and 9 (must equal Total on Line 5)	\$ 145,134.73

\* Any amounts received as Designed Representative but not included in 2 above. (See Va. Code Section 26-17.10; Instruction III.A.) \$ 3,000.00  
\*\* Market Value of Assets on Hand (See Instruction IX.D.) \$ 111,799.73

I (We) certify that this is a true and accurate accounting of the assets of this estate for the period described and that to the best of my/our knowledge all taxes have been paid or provided for.

Date ..... Fiduciary's signature \_\_\_\_\_  
Date ..... Fiduciary' signature \_\_\_\_\_

**NOTE:** Virginia law requires that every account be signed by all fiduciaries.

FORM CC-1682 (SAMP) (MASTER, PAGE ONE OF THREE) 11/06  
VA. CODE §§ 26-17.3, -17.4

<b>RECEIPTS:</b>			
LMN Bank interest			
6/25/06			53.51
7/25/06			54.17
8/25/06			55.73
9/25/06			56.59
10/25/06			56.82
11/25/06			57.80
12/25/06			58.99
1/25/07			59.40
2/25/07			60.10
3/25/07			60.95
4/25/07			61.44
5/25/07			62.30
STU Corporation, dividends			
6/30/06			50.00
9/30/06			50.00
12/31/06			65.00
3/31/07			65.00
Employer's disability payments	10 months @ \$490	4,900.00	
	2 months @ \$510	1,020.00	5,920.00
CDO Annuity – 12 months @ \$2,400			28,800.00
ABC Bank, interest			
6/30/06			415.10
9/30/06			418.55
12/31/06			420.92
3/31/07			425.71
<b>TOTAL RECEIPTS</b>			<b>37,328.08</b>
<b>GAINS ON ASSET SALES:</b>			
6/14/06	Net Proceeds of sale of 80 shares of NOP Company		5,125.00
	less carrying value of		<u>4,000.00</u>
<b>TOTAL GAINS</b>			<b>1,125.00</b>

ADJUSTMENTS:		
Correct 500 shares of STU Corp. from \$119.75 per share on Inventory to true Inventory value of \$128.50/share	59,875.00 <u>64,250.00</u>	
TOTAL ADJUSTMENTS:	<u>4,375.00</u>	
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DISBURSEMENTS:		
Check #		
#008 ABC Agency, bond premium Sunshine Nursing Home 6/06-5/07, 12 months @ \$2,785/month	490.00 33,420.00	
#009 Dr. John Doe	50.00	
#015 Dr. John Doe	50.00	
#024 Dr. Mary Roe	<u>75.00</u>	
TOTAL DISBURSEMENTS:	34,085.00	
LOSSES ON ASSET SALES – none		0.00
DISTRIBUTIONS – none		0.00
ASSETS ON HAND:		
Fifth National Bank, Money Market Acct. #123789	20,907.73	
500 shares of STU Corp. at carrying value of \$128.50/share (5/31/07 market value of \$130/share = \$65,000)	64,250.00	
Third National Bank, Savings Acct.	25,892.00	
TOTAL ASSETS ON HAND		111,049.73

FORM CC-1682 (SAMP) (MASTER, PAGE THREE OF THREE) 11/06