

Filing Attorney Information:

Name _____
NJ Attorney ID Number _____
Law Firm/Agency Name _____
Address _____

Email Address _____
Telephone Number _____

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

In the Matter of,

Name of Alleged Incapacitated Person (AIP)
an Alleged Incapacitated Person

Civil Action

**Report of Court-Appointed Counsel for
the Alleged Incapacitated Person**

The following represents the report of _____, an attorney-at-law of the State of New Jersey, who was appointed by the court to serve as court appointed counsel for _____, an alleged incapacitated person (“AIP”), by way of Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person dated _____, and in accordance with R. 4:86-4(b) and other applicable law:

Information Developed by Counsel’s Inquiry

- 1. I obtained copies of and have reviewed the Verified Complaint, Certifications of Physician or Psychologist, Certification of Assets, Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person, proposed Judgment of Incapacity and Appointment of Guardian(s) of the Person / Person and Estate, and background screening results of the proposed guardian(s).

Personal Interview of the Alleged Incapacitated Person

- 2. I met with and personally interviewed the AIP on (date) at (location). *List the names and relationships to the AIP of any other individuals present:*

- 3. *Describe the physical appearance of the AIP:*

- 4. *Describe your observation of the disability of the AIP, and compare/contrast with the content of the Certifications of Physician or Psychologist:*

- 5. *Describe the mood and affect of the AIP:*

- 6. *Describe your explanation of the role of the court-appointed attorney to the AIP, and the AIP’s response:*

7. Describe the AIP's explanation of their daily activities:

8. Describe the AIP's explanation of their relationships:

9. Describe the AIP's interactions with any others present:

10. Describe other content of your interview of the AIP:

11. Describe your interactions with any other individuals present during your interview of the AIP:

12. Add additional paragraphs as necessary, setting forth any additional information developed by your personal interview of the AIP:

13. Describe the content and outcome of any follow-up interviews of the AIP:

Inquiry of Persons Having Knowledge of the Alleged Incapacitated Person's Circumstances, Physical and Mental State, and Property

14. In addition, I made inquiry of the following individuals having knowledge of the AIP's circumstances, physical and mental state, and property. List plaintiff(s), prospective guardian(s), interested parties, professionals or service providers involved in the care of the AIP's person and property, and any others contacted:

Note: click the "+" sign to repeat question #15 for each person listed in question 14. The "+" appears after clicking in the field.

15. I met with and personally interviewed / spoke with _____ in person / by phone/video on (date).

a. Describe the individual's relationship to the AIP:

b. Describe content of your inquiry related to the AIP's circumstances, physical and mental state, and property:

Note: click the "+" sign to repeat question #16 for each doctor. The "+" appears after clicking in the field.

16. I met with and personally interviewed / spoke with Dr. _____ in person / by phone/video on (date).

a. *Describe the doctor's relationship to the AIP, frequency of appointments, etc:*

b. *Describe any change in the AIP's condition or status:*

17. *Describe any attempts to make inquiry of additional individuals who were not available or could not otherwise be reached:*

18. *Add additional paragraphs as necessary, setting forth any additional information developed by your inquiry:*

Inquiry as to Will, Powers of Attorney, Health Care Directives, or Interests as Beneficiary of Will or Trust

19. I made reasonable inquiry to locate any will, powers of attorney, or health care directives previously executed by the AIP and to discover any interests that the AIP may have as beneficiary of a will or trust.

a. *Describe how such inquiry was made and the outcome of the inquiry:*

20. *Add additional paragraphs as necessary, setting forth any additional information developed by your inquiry:*

Recommendations Concerning the Court's Determination on the Issue of Incapacity

21. The complaint and supporting certifications assert that the AIP is incapacitated due to (describe the disability of the AIP). My interview and investigation does / does not support this conclusion because:

22. *Add additional paragraphs as necessary, setting forth any additional recommendations concerning the court's determination on the issue of incapacity:*

Recommendations Concerning a Case Plan

23. *State whether a case plan for the AIP should thereafter be submitted to the court, and the basis for such recommendation:*

29. *Add additional paragraphs as necessary, setting forth any additional information concerning the AIP's dispositional preferences:*

Recommendations Concerning Powers of Attorney, Health Care Directives, and/or Revocable Trusts

30. *Set forth any recommendations concerning whether good cause exists for the court to order that any power of attorney, health care directive, or revocable trust created by the AIP be revoked:*

31. *Set forth any recommendations concerning whether the authority of the person or persons acting under any power of attorney, health care directive, or revocable trust created by the AIP be modified or restricted:*

32. *Add additional paragraphs as necessary, setting forth any additional recommendations concerning the AIP's powers of attorney, health care directives, and/or revocable trusts, if any:*

I hereby certify and say that the statements made by me are true. I am aware that if any are willfully false, I am subject to punishment.

Dated:

s/

Attorney-at-Law of the State of New Jersey