

In re the Guardianship of:

IN THE CIRCUIT COURT OF THE

_____ JUDICIAL CIRCUIT IN AND

FOR _____ COUNTY, _____

OR

Petitioner,

and

Respondent,

_____ /

DIVISION:

CASE NUMBER:

SECTION:

ELDERCAREING COORDINATOR REQUEST FOR STATUS CONFERENCE

The undersigned Eldercaring Coordinator requests a status conference in this case:

(choose all that apply)

1. _____ To request direction from the court concerning: _____

2. _____ To request resolution by the court regarding: _____

3. _____ To report ___adherence of / ___noncompliance of _____ to the Order of Referral to Eldercaring Coordinator, orders for psychological evaluation, counseling ordered by the court or recommended by a health care provider, or for substance abuse testing or treatment.

4. _____ To report that the case is no longer appropriate for eldercaring coordination.

5. _____ To report that the undersigned Eldercaring Coordinator is not qualified to address or resolve certain issues in this case and a more qualified successor Eldercaring Coordinator should be appointed.

6. _____ The undersigned Eldercaring Coordinator is unable or unwilling to continue to serve and a successor Eldercaring Coordinator should be appointed.



7. _____ The undersigned eldercaring coordinator no longer meets the qualifications of eldercaring coordinators.

WHEREFORE, the undersigned Eldercaring Coordinator requests that a Status Conference be set by the Court.

Date _____

Signature of Eldercaring Coordinator

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

E-mail: _____

Professional License or Certification # _____

Name and location of regulatory body issuing professional license or certification

I certify that a copy of this document was [check all used] to the persons listed below on {date}_____.

_____ Presiding Judge	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Petitioner	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Petitioner	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Alleged Incapacitated (AIP)/Ward				
_____ Attorney for AIP/Ward	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered
_____ Attorney for Other: _____	_____ e-mailed	_____ mailed	_____ faxed	_____ hand-delivered

Eldercaring Coordinator



DRAFT

