State of Minnesota

Filed in District Court
State of Minnesota
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District Court
Probate Division

County	Judicial District:	Fourth
Hennepin	Court File No.:	27-GC-PR-9-77
	Case Type:	14, Guardianship

In Re: the Guardianship of

Adrian Wesley
Ward

Personal Well-Being Report
(Annual Report of Guardian)

Minn. Stat. § 524.5-316

As required by Minnesota law, I make this annual Personal Well-Being Report for the reporting period from 4-21-18 to 4-21-19.

The Guardian (Me)

My name, and the address and phone number where I can be contacted:

Name: Alonzo Wesley
Street Address: 1400 Hillsboro Ave N
City, State and Zip Code: Golden Valley mn. 55427
Phone: 612-295-8866 Type:
Email: alonzo777wa@gmail.com

The Ward

1. **Current Address**. The Ward's current address and living arrangement:

Street Address: 1400 Hillsboro Ave N
City, State and Zip Code: Golden Valley mn 55427
Living Arrangement: Home

2. **Previous Addresses**. Has the Ward lived at any other address during this reporting period?

☐ Yes ☒ No

If **No**, skip to #3. If **Yes**:

Street Address: _____
City, State and Zip Code: _____
Living Arrangement: _____
Date Range Ward Lived Here: _____

If there is more than one previous address, add another sheet.

Current Conditions

For questions #3 through #5, rate the Ward's **current** mental, physical, and social conditions by choosing a number on a scale of 1 to 5 (1 = very poor, and 5= excellent). Then give a brief explanation of why you rated the way you did.

3. I rate the Ward's current **mental** condition as:

1	2	3	4	5
☒	☐	☐	☐	☐
Very poor				Excellent

The reason I gave this rating: Very developmental delay

4. I rate the Ward's current **physical** condition as:

1	2	3	4	5
☐	☐	☐	☐	☒
Very poor				Excellent

The reason I gave this rating: Great Health

5. I rate the Ward's current **social** condition as:

1	2	3	4	5
☐	☐	☒	☐	☐
Very poor				Excellent

The reason I gave this rating: agree in my opinion

The Guardianship

6. **Contact with the Ward.**

a. In the last year, I have had contact with the Ward:

- ☒ Daily
- ☐ Weekly
- ☒ Monthly
- ☐ Other: _____

b. I usually contact the Ward: Both

- ☒ In person
- ☒ By telephone (calling)

☐ By text

☐ By email

☐ Other: _____

Services

For questions #7 through #10, tell whether the Ward received any **medical, educational, vocational,** or **other services** in the last year. Then, you should:

- Describe the services;
- Tell whether you believe the services were adequate; and
- If services were not adequate, explain why not.

7. Did the Ward receive any **medical services** in the past year? ☒ Yes ☐ No

   If **Yes**:

   Describe: See a psychologist weekly & Therapy Groups

   Were the medical services adequate?

   ☒ Yes

   ☐ No, because: _____

8. Did the Ward receive any **educational services** in the past year? ☐ Yes ☒ No

   If **Yes**:

   Describe: _____

   Were the educational services adequate?

   ☐ Yes

   ☐ No, because: _____

9. Did the Ward receive any **vocational services** in the past year? ☐ Yes ☒ No

   If **Yes**:

   Describe: _____

   Were the vocational services adequate?

   ☐ Yes

   ☐ No, because: _____

10. Did the Ward receive any **other services** in the past year? ☐ Yes ☒ No

If **Yes**:

Describe: _____

Were the other services adequate?

☐ Yes

☐ No, because: _____

11. **Restrictions.** Did you place any restrictions on the Ward's right to communicate with and visit with anyone? ☐ Yes ☒ No

If **Yes**:

What happened to cause these restrictions? _____

_____

12. **Reimbursement for Services.** Have you received any money as reimbursement for services the Ward received in the past year? ☐ Yes ☒ No

If **Yes**:

How much did you receive? $ _____

Was any of this money reimbursed by county contract?

☐ Yes, and the amount reimbursed was $ _____

☐ No

13. **Continuation or Changes to the Guardianship.** *Any information you include here is so that the court knows your opinion about the guardianship. This is not a formal request to change or end the guardianship (there are other forms available at* http://mncourts.gov/GetForms.aspx?c=21 *for making these requests).*

a. Do you believe the Ward should still be under guardianship? ☒ Yes ☐ No

Explain: mentally Incompetent to handle affairs

b. Do you think the guardianship should be changed? ☒ Yes ☐ No

Explain: my physical Health doesn't allow me to get the paper-work in on time I can handle everything else but my Stroke affected my memory

14. Are you a professional guardian? ☐ Yes ☒ No

Under Minnesota law, a professional guardian means a person acting as guardian for three or more people who are not related to the guardian by blood, adoption, or marriage.

Everything I have stated in this report is true and correct.

7-10-19
Dated

Signature of Guardian

Name: Alonzo Lee Wesley
Address: 1400 Hillsboro Ave N
City/State/Zip: Golden Valley Minn 55427
Telephone: 612-295-8866
Email: Alonzo777wa@Gmail.Com

Each year, this report must be given to the Ward and to interested persons of record with the court within 30 days after the anniversary of the appointment of the guardian. If the Personal Well-Being Report is not filed within 60 days of the due date, the court shall issue an Order to Show Cause.

An interested person may notify the court in writing that he or she does not want to receive copies of annual reports as required by law.

State of Minnesota

District Court
Probate Division

County

Judicial District:	
Court File Number:	
Case Type:	14, Guardianship

In Re: the Guardianship of

Adrian Wesley
Ward

Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief

Minn. Stat. §§ 524.5-310(g) and 524.5-316

To: Adrian Wesley, Ward

You have a right to ask the Court to end or modify the guardianship or for any order that is in your best interests or for any other appropriate relief, by filing a petition with the Court explaining why you believe the guardianship should end or be modified.

You have a right to object to the Guardian's change in your place of residence, and you have a right to ask the Court for a change of residence, by filing a petition with the Court explaining why the change should or should not be made.

You or any interested person on record with the court have a right to dispute any statement or conclusion contained in the Personal Well-Being Report regarding your condition by filing a written statement with the Court explaining why you disagree with any statement or conclusion in the Report.

If you wish to have a different guardian then you must file a petition for removal of the guardian, explaining why you believe the present guardian should be removed.

To petition the court you may call the Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you, pick up the proper form at the Court, or access forms from the court's public website at www.mncourts.gov/forms. The address of the Court is: 300 South 6th Street, C4, Minneapolis, MN, 55487, and phone number is 612-348-6000.

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You can call the Court to request a court appointed attorney.

You retain the right to vote unless your guardian informs you that the court terminated your right to vote.

This notice must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.

Dated: 7-10-2019

Signature of Guardian

State of Minnesota

District Court
Probate Division

County
Hennepin

Judicial District:	
Court File Number:	
Case Type:	14, Guardianship

In Re: the Guardianship of

Adrian Wesley
Ward

Affidavit of Service
(Report and Notice of Right)

My name is Alonzo Wesley. I make the following statements:

1. I have given a copy of the following documents:
   - *Personal Well-Being Report* (GAC 11-U); and
   - *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief* (GAC 11-G)

   to the Ward and to interested persons of record with the court (if any).

2. The Ward was served on 7-10-2019 (date):

   ☐ by mail at this address: _____

   ☒ in person at this location: Henn 300 10th St wpls

3. The following interested persons of record with the court were served at the location listed (add more sheets if you need more room):

   Name: _____

   Address: _____

   Served ☐ by mail or ☐ personally on _____ (date)

   Name: _____

   Address: _____

   Served ☐ by mail or ☐ personally on _____ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

7-10-2019
Dated

Hennepin MN.
County and state where signed

_____
Signature

Name: Alonzo wesley
Address: 1400 Hillsboro Ave N
City/State/Zip: Golden Valley MN 55427
Telephone: 612-295-8886
Email: alonzo777wes@gmail.com