Filed in District Court
State of Minnesota

State of Minnesota

District Court
Probate Division

County	
Hennepin	2021 APR -6 P 1:05

Judicial District:	
Court File No.:	27-GC-PR-09-77
Case Type:	Guardianship/Conservatorship

In Re: the Guardianship of

Adrian Wesley

Personal Well-Being Report
(Annual Report of Guardian)

Minn. Stat. § 524.5-316

This annual Personal Well-Being Report is for the reporting period from_____to_____ ___.

The Guardian (You)

Your name, and the address and phone number where you can be contacted:

Name: Alonzo Wesley
Street Address: 5301 France Ave N
City, State and Zip Code: Brooklyn Center Wesley
Phone: 612-295-8866 Type: Cell
Email: alonzo37w2@Gmail.com

The Person Subject to Guardianship

1. **Current Address**. The current address and living arrangement of the person subject to guardianship:

Street Address: 2100 Sheppard Dr. Maple Unit
City, State and Zip Code: Saint Peter, MN.
Living Arrangement: St Peter, MN. 56082

2. **Previous Addresses**. Has the person subject to guardianship lived at any other address during this reporting period? ☐ Yes ☒ No

If **Yes**:

Street Address: _____
City, State and Zip Code: _____
Living Arrangement: _____

Please read attached paper →

Date Range Person Subject to Guardianship Lived Here: _____

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

Current Conditions

For questions #3 through #5, rate the **current** mental, physical, and social conditions of the person subject to guardianship 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. How do you rate their current **mental** condition?

1	2	3	4	5
○	○	◉	○	○
Very poor				Excellent

The reason you gave this rating: medically stable

4. How do you rate their current **physical** condition?

1	2	3	4	5
○	○	○	◉	○
Very poor				Excellent

The reason you gave this rating: Overweight needs his insulin raised

5. How do you rate their current **social** condition?

1	2	3	4	5
○	○	◉	○	○
Very poor				Excellent

The reason you gave this rating: Stable but paranoid about people around him

The Guardianship

6. **Contact.**

a. In the last year, how often have you had contact with the person subject to guardianship?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☒ Other: have been allowed to see him once since the covid pandemic but after they opened up for visitors again Clint got covid so they locked it back down

b. How do you usually contact the person subject to guardianship?

- ☐ In person
- ☒ By telephone at least 2 times weekly

☐ By text
☐ By email
☐ Other: _____

Services

Questions #7 through #10 ask whether the person subject to guardianship received any **medical, educational, vocational,** or **other services** in the last year.

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

If **Yes**:
Describe: medication, treatment,
Were the medical services adequate?
☒ Yes
☐ No, because: _____

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

If **Yes**:
Describe: Does like reading and other comprehension classes
Were the educational services adequate?
☒ Yes
☐ No, because: _____

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

If **Yes**:
Describe: _____
Were the vocational services adequate?
☐ Yes
☐ No, because: _____

10. Did the person 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 right of the person subject to guardianship to communicate with and visit with anyone?

- Having visitors;
- Making or receiving telephone calls;
- Sending or receiving personal mail;
- Sending or receiving electronic communications (including through social media); and/or
- Participating in social activities.

☒ Yes ☐ No Adrian's adopted

If **Yes:** his biological mother, She makes him very Angry about the abuse she inflicted on him.

Did you provide written notice of the restrictions to the following?

Court	☐ Yes	☒ No
Person subject to guardianship	☒ Yes	☐ No
Person subject to the restriction	☒ Yes	☐ No

Also to St. Peter Security Hospital.

12. **Payment for Services.**

a. Have you received any payment for services to the person subject to guardianship in the past year? ☐ Yes ☒ No

If **Yes**:

How much did you receive? $ _____

Was any of this money paid by county contract?

☐ Yes, and the amount paid was $_____

☐ No

b. **Guardian's Current Rate.** List the current rate you charge, or enter $0 if you do not charge for your services: $_____ per _____ (hour, day, etc.)

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 www.mncourts.gov/forms (choose "Guardianship/Conservatorship" category) for making these requests.*

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

Explain: Adrian is very vulnerable and though he lives at St. Peters he need direction with is cares. he was adopted and suspected large amounts of alcohol Both physically and sexually. he has FASD and PTSD, ADD, & schizophrenic and vulnerable to abuse.

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

Explain: My medical, physical and memory affect my ability to get there so. if it where just acting in her best interest but this part too much to do I keep forgetting and it left off my anxiety

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.

4-5-21
Dated

Signature of Guardian

Name: Alonzo Wesley
Address: 5701 France Ave N.
City/State/Zip: Brooklyn Center MN. 55429
Telephone: 612-295-8866
Email: Alonzo37wes@gmail.com

Each year, this report must be given to the person subject to guardianship 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 they do not want to receive copies of annual reports as required by law. There is a *Waiver of Notice* form (GAC110) online at www.mncourts.gov/forms (choose the "Guardianship/Conservatorship" category).

I have not seen him due to the fact that ever writing this has been a struggle for me!

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Bill of Rights for Persons Subject to Guardianship or Conservatorship

Minn. Stat. § 524.5 – 120
https://www.revisor.mn.gov/statutes/cite/524.5-120

The person subject to guardianship or subject to conservatorship retains all rights not restricted by court order, and these rights must be enforced by the court. These rights include the right to:

1. Treatment with dignity and respect;
2. Due consideration of current and previously stated personal desires and preferences, including but not limited to medical treatment preferences, cultural practices, religious beliefs, and other preferences and opinions in decisions made by the guardian or conservator;
3. Participate in decision making about and receive timely and appropriate health care and medical treatment that does not violate known preferences or conscientious, religious, or moral beliefs of the person subject to guardianship or person subject to conservatorship;
4. Exercise control of all aspects of life unless delegated specifically to the guardian or conservator by court order;
5. Guardianship or conservatorship services individually suited to the conditions and needs of the person subject to guardianship or conservatorship;
6. Petition the court to prevent or initiate a change in abode;
7. Care, comfort, social and recreational needs, employment and employment supports, training, education, habilitation, and rehabilitation care and services, within available resources;
8. Be consulted concerning, and to decide to the extent possible, the reasonable care and disposition of the clothing, furniture, vehicles, and other personal property and effects of the person subject to guardianship or conservatorship, to object to the disposition of personal property and effects, and to petition the court for a review of the guardian's or conservator's proposed disposition;
9. Personal privacy;
10. Communicate, visit, or interact with others, including receiving visitors or making or receiving telephone calls, personal mail, or electronic communications including through social media, or participating in social activities, unless the guardian has good cause to believe restriction is necessary because interaction with the person poses a risk of significant physical, psychological, or financial harm to the person subject to

guardianship, and there is no other means to avoid the significant harm. In all cases, the guardian shall provide written notice of the restrictions imposed to the court, to the person subject to guardianship, and to the person subject to restrictions. The person subject to guardianship or the person subject to restrictions may petition the court to remove or modify the restrictions;

11. Marry and procreate, unless court approval is required;
12. Elect or object to sterilization as provided in Minn. Stat. § 524.5-313(c)(4)(iv);
13. At any time, petition the court for termination or modification of the guardianship or conservatorship, and any decisions made by the guardian or conservator in relation to powers granted, or for other appropriate relief;
14. Be represented by an attorney in any proceeding or for the purpose of petitioning the court;
15. Vote, unless restricted by the court;
16. Be consulted concerning, and make decisions to the extent possible, about personal image and name, unless restricted by the court; and
17. Execute a health care directive, including both health care instructions and the appointment of a health care agent, if the court has not granted a guardian any of the powers or duties subject to section 524.5-313(c)(1), (2), or (4).

Court File Number: _____

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

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

To: _____, Person Subject to Guardianship

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.

To ask for any of these, you need to file a petition explaining why you believe the guardianship should end or be modified.

You have a right to challenge the guardian's change in the place where you live, and you have a right to ask the court to let you change where you live, by filing a petition explaining why the change should or should not be made.

You, or any interested person on record with the court, have a right to challenge any statement the guardian made in the Personal Well-Being Report about your condition. File a written statement explaining why you disagree with anything the guardian stated in the Report.

If you want to have a different guardian, you must file a petition explaining why you believe the guardian should be removed.

After you file a petition, court administration will schedule a hearing. You have the right to be at that hearing and to have an attorney represent you. If you cannot afford an attorney, the court will appoint one for you. Contact information for court administration:

Telephone number: _____

Street Address: _____

City/State/Zip: _____

You keep the right to vote ***unless*** your guardian tells you that the court terminated your right to vote.

_____ _____

Dated Signature of Guardian

Each year, this notice must be given to the person subject to guardianship and to interested persons of record with the court within 30 days after the anniversary of the appointment of the guardian.

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. Form GAC110, Waiver of Notices and Reports, is available online at www.mncourts.gov/forms (choose "Guardianship/Conservatorship" category).