

# GUARDIANSHIP RESOURCES

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Disability  
Rights  
Arkansas



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## Psychiatric Advance Directive User Guide

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### Before You Begin

- ✓ Read through the entire document before you begin
- ✓ Gather necessary information
- ✓ Decide whether you will use a notary or 2 witnesses
- ✓ Do not sign the document until your notary or 2 witnesses are present
- ✓ If you have difficulty writing, it's okay to have another person write in your responses as long as you sign it – just be sure to review the entire document for accuracy before signing
- ✓ When making a selection, use your initials instead of a check mark
- ✓ Avoid leaving fill-in sections blank - add in "N/A" or line through blank spaces
- ✓ Use black or blue ink to complete this form

This user guide is intended to walk you through the psychiatric advanced directive, providing additional information and examples. Things typed in blue handwriting font are examples and are intended help you understand how to complete the form. Nothing in this guide should be interpreted as legal advice, the creation of an attorney-client relationship between you and Disability Rights Arkansas, or a substitute for individual consultation with a lawyer.

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### Section I: Agent

Example

I, Emily Doe aka Emily Smith, being of sound mind, authorize the following agent to make my mental healthcare decisions....

Print your full legal name. If you are well known by a name other than your legal name, use your legal name followed by "aka" and the name by which you are known.

Your agent and alternate agent should be someone you trust to make decisions on your behalf when you are unable to do so. Prior to selecting an agent and alternate agent, you should have a discussion with those individuals about your wishes and whether or not they are willing to honor those wishes. Once you decide on an agent and alternate agent, confirm that they are willing and able to serve as your agent.

Example

Agent's Name: Bob Doe

Address: 1234 Lovers Lane Little Rock, AR 22222

Home Phone: N/A

Cell Phone: (123) 456-7890

Work Phone: (234) 567-8901

Alternate Phone: N/A

Complete the Alternate Agent section in the same way you completed the Agent section. An alternate agent is preferred, but not required. If you do not have an alternate agent, write "N/A" where you would normally place the alternate agent's information.

Example

My agent or alternate agent is my spouse:

       No - Skip the following question and move on to Section II.

ED Yes - Answer the following questions before moving to Section II.

I do not (do/do not) desire that the person named as my agent, who is now my spouse, remain as my agent even if we become legally separated or our marriage is dissolved.

Arkansas law revokes the designation of a spouse as an agent upon annulment, divorce, dissolution of marriage, or legal separation unless otherwise specified. If you have chosen your spouse as your agent or alternative agent, you will need to select "Yes" and fill in whether you "do" or "do not" want your spouse to remain your agent in the event of annulment, divorce, dissolution of marriage, or legal separation.

## Section II: Guardian

In the event that you become incapacitated, someone may file for temporary and/or permanent guardianship. Arkansas law allows for a guardian of the **person** and a guardian of the **estate**. Putting it simply, the guardian of the person is responsible for the care and maintenance of the ward and the guardian of the estate is responsible for the ward's property and finances. When courts determine that both guardian of the person and guardian of the estate are necessary, they often assign the same person as both guardian of the person and guardian of the estate. They can, however, be two different people.

Taking time to document who you would like to be your guardian in the event that a court finds guardianship necessary, gives you the opportunity to provide input to the court regarding its decision. You also have an opportunity to inform the court who you do not want to be guardian. This does not guarantee that the court will honor your requests. However, courts often have to make decisions without any input from the ward, and this gives you an opportunity to provide input regarding your preferences.

### Section III: Inpatient Treatment

Example

1st Choice	The River Treatment Center Little Rock, AR
2nd Choice	Catholic Behavioral Health Memphis, TN
3rd Choice	N/A -----

This subsection gives you an opportunity to request your **preferred** treatment centers. Things you may want to consider when listing your preferences are: places where you have had a positive experience in the past, treatment centers that accept and are covered by your insurance, treatment centers with positive reviews from patients, visitation and phone call policies, whether the location will hinder visitors' ability to visit you, whether the treatment center allowing smoking, and whether you have had positive experiences with affiliated doctors of the treatment center.

Example

Facility	Reason
New Day Treatment Center Greenwood, AR	I had a traumatic experience at this treatment center
The Village Branch, AR	My aunt is a nurse at this facility
N/A	-----

The above subsection allows you to list treatment centers in which you do not want to be placed. Providing a reason for your request may be helpful to your agent or decision maker, but it is not required.

Example

Additional information regarding inpatient care:

Please make sure I am not placed in a facility that does not allow smoking.

I would like to stay as close to home as possible so my children can visit.

The above subsection allows you provide any additional information or requests that will help your agent or decision-maker take your preferences into consideration when making decisions on your behalf.

## Section IV: Emergency Intervention

Example

The following may cause me to experience a mental health crisis:

Because of past trauma that I have experienced, sometimes loud noises, such as fireworks, can cause me to have a strong emotional response.

Use the above section to provide information about anything that could trigger a mental health crisis. You may not know of any such triggers. If not, simply line through the blanks and move on to the next subsection.

Example

The following may help me avoid a mental health crisis:

When I am around a lot of noises, I can sometimes calm myself by going to a quiet place where I can be alone. -----

Use the above section to provide information about things that help you avoid a mental health crisis. You may not know of any things that help you avoid a mental health crisis. If not, simply line through the blanks and move on to the next subsection.

Example

Staff at the hospital or crisis center can help me by doing the following:

I become very anxious when I don't know my routine. Staff can help me minimize anxiety by providing me with a daily schedule.

Use the above section to provide information that will be helpful to those assisting you in an inpatient treatment facility. If you do not have any comments to add in this subsection, line through the blanks and move to the next subsection.

Example

Staff can minimize use of restraint and seclusion by doing the following:

Allowing me to go to my room and be alone when I'm upset. -----

Use the above section to provide information about how staff can assist you in deescalating a crisis situation before restraint or seclusion is necessary.

Example

In the event that it is determined that I am engaging in behavior that requires emergency intervention, I **prefer** emergency interventions in the following order:

- 5 Seclusion
- 6 Physical Restraint
- 7 Seclusion and Physical Restraints (combined)
- 2 Medication in Pill Form
- 3 Liquid Medication
- 4 Medication by Injection
- 1 Other a seclusion room with the door open

Use the above section to indicate your order of preference for emergency intervention. Keep in mind that treatment centers may have their own policy and procedures regarding emergency intervention. In crisis situations, treatment centers should make the best decision they can to maintain your safety and the safety of others.

Example

In the event that I am hospitalized, I prefer to be treated by:

Medical Professional	Reason
Dr. Joe Smith	He has helped me in the past and I am comfortable with him.
Dr. Julie Brown	My PCP recommended her.
Brad Jones, LCSW	We have a good rapport.

Use the above section to identify your preferred medical professionals. You can list doctors, psychiatrists, nurses, therapist, etc. If you do not have preferences, draw a line through this subsection and move on to the next subsection.

Example

I prefer **not** to be treated by:

Medical Professional	Reason
Dr. Beth Stuart	I have had a bad experience with this doctor.
David Black, APN	I don't feel comfortable sharing personal information with him because he attends my church
N/A	-----

Use the above section to identify medical professionals by whom you do not wish to be treated. If there are no medical professionals by whom you do not wish to be treated, line through this subsection and move on to the next subsection.

Example

I agree to the administration of the following medication(s):

<u>Prozac</u>	<u>Haldol</u>
<u>Ativan</u>	<u>N/A</u>

Use the above section to list medications that you are comfortable taking. These may be medications you are currently taking or medications you have taken in the past. These may be medication you take regularly or medications that are taken "as needed." Before moving to the next subsection, line through any blanks you do not use.

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## Section V: Medication & Treatment Instructions

Example

I do not agree to the administration of the following medication(s):

Medication	Reason
Dapakote	I'm allergic to this medication.
Lithium	It's too risky.
Cogentin	It makes me nauseated.

Use the above section to list medications you do not wish to take. Listing a reason will be helpful to those involved in your treatment, but is not required. There are no "wrong" reasons. Before moving to the next section, line through any blanks you do not use.

## Section VI: Notification

Example

In the event that I am placed in inpatient care, my agent should notify the following individuals immediately:

Name: Carol Doe Relationship: Daughter  
Email: carol@gmail.com Home Phone: (222) 333-4444  
Cell Phone: (555) 666-7777 Work Phone: N/A

Use the above section to list individuals you wish to be notified upon your admission to inpatient treatment. There is another section for visitors. This section is just for those individuals you wish to be notified.

## Section VII: Visitation

If you are admitted into an inpatient treatment center, the facility will likely ask you or someone with you at the time of admission for a passcode. If someone tries call or visit you at the facility, the facility should not confirm or deny your presence without your passcode. Giving someone your passcode does not authorize the facility to disclose information about your treatment to that person.

Example

In the event that I require inpatient care, I request that the following individuals are given my passcode and placed on my visitation list:

Name: Carol Doe Relationship: Daughter  
Email: carol@gmail.com Home Phone: (222) 333-4444  
Cell Phone: (555) 666-7777 Work Phone: N/A

Use the above section to list individuals you would like to be able to call and visit you in the event that you are admitted into inpatient treatment. Completing this section does not guarantee that you will be allowed visitation with the listed individuals during inpatient treatment.



Example

The following individuals should not be given my passcode and should not be allowed to visit me:

Dawn Glass N/A  
N/A N/A

Use the above section to identify individuals you **do not** want to call or visit you in the event that you are admitted to inpatient treatment. If there are no individuals who you would like to prevent from calling or visiting, line through this subsection and move on to Section VIII.

## Section VIII: Children

In the event that you are unable to care for your children, you may want to identify individuals whom you trust to care for them. If you are unable to care for your children, a court may find that your need children are in need of a temporary guardian who can insure that their needs are met. You should consider whether you are comfortable with the person(s) you identified to care for your children having temporary guardianship.

Example

Yes	No	
ED		In the event that I am unable to care for my children, I prefer that the following care for my children
ED		In the event that a court finds temporary custody is necessary, I prefer the following persons to be considered

Use the above subsection to clarify whether you prefer that individual(s) listed provide care for your children only while you are inpatient, as a temporary guardian, or both by initialing either "Yes" or "No" by each statement.

Example

### **First Choice:**

Name: Tammy Davis Relationship: Godmother  
Address: 123 Fourth Ave. Hot Springs, AR 75564  
Home Phone: (666) 777-8888 Cell Phone: (666) 888-9999  
Work Phone: (666) 999-1111 Alternate Phone: N/A

Use the above subsection to identify the individual(s) you have selected and the order of your preference. Try to include as much contact information as possible. If you do not have 3 choices, line through the blanks you do not use.

Example

I request that the following are **not** allowed to care for my children:

Name: Aaron Parke Relationship: my stepfather

Use the above subsection to identify individuals you **do not** want to care for your children. Keep in mind that this does not guarantee that the individuals you list

will not be allowed to care for your children. Courts have discretion to appoint an individual or individuals as guardian/custodian(s) against your wishes. Completing this section, however, provides an opportunity to let your wishes be known and taken into consideration.

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## **Section IX: Additional Instructions**

Use this section to provide any additional instruction or information. You may need more space. If so, it is okay to complete it on a separate sheet of paper. If you do, be sure to indicate so on the form. For example, you can write, “completed on attached” or “see attached.” If you know you need a lot of space, it’s okay to just write, “See attached,” and complete this entire section on another sheet of paper.

Examples of things you may want to place in this section are:

- Information about who will care for pets in the event that you become unable to do so – you may also want to include instructions for caring for your pets
  - Financial information – In the event that someone has to make sure that your bills are paid, you may want to document information about when bills are due and if you have any autodrafts
  - Information about caring for your property
  - Information you would like relayed to your employer
  - Items you would like to have with you while in inpatient treatment
  - Products that cause irritations and should be avoided while in inpatient treatment
  - Food allergies/sensitivities/preferences
- 

## **Section X: Signature**

**\*\*\*Do NOT sign this document until a notary or your two witnesses are present\*\*\***

Arkansas law requires that you either sign this document in front of a notary or two witnesses. The witnesses must comply with the following:

a witness shall be a competent adult who is not the agent, and at least one (1) of the witnesses is not related to the principal by blood, marriage, or adoption and would not be entitled to any portion of the estate of the principal upon the death of the principal under any will or codicil made by the principal existing at the time of execution of the advance directive or by operation of law.

They must also certify that they have complied with this requirement.

Because there is less room for error and question, we recommend using a notary when available. If you choose a notary, he/she will complete the entire section for Option 1. You should not write anything in that section. You should not sign the document until directed to do so by the notary. You can fill in your printed name prior to signing.

If you choose two witnesses, you should leave Option 1 blank or line through it. You should not sign the document until both witnesses are present. Be sure that all information about your witnesses is filled out.

## **Revocation**

Arkansas law allows you to revoke all or part of your advance directive at any time in any manner that communicates an intent to revoke, as long as you have capacity at that time. If you execute another psychiatric advanced directive at a later date that conflicts with an earlier advance directive, it revokes the earlier advance directive to the extent of the conflict.



## **Psychiatric Advance Directive**

### **Section I: Agent**

I, \_\_\_\_\_, being of sound mind, authorize the following agent to make my mental healthcare decisions in the event that a licensed physician determines that that I lack capacity. Those decisions should be consistent with the instructions I have set out in this psychiatric advance directive. If I have not expressed a choice in this document, my agent has permission to make the decision that he/she determines is in my best interest, taking my personal values, to the extent known by the agent, into consideration.

**My agent should be notified immediately of my admission to a psychiatric facility.**

Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

If the above named person is unavailable, unable, or unwilling to serve as my agent, I designate the following person as my mental healthcare agent.

Alternate Agent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

My agent or alternative agent is my spouse:

\_\_\_\_ No - Skip the following question and move on to Section II.

\_\_\_\_ Yes - Answer the following questions before moving to Section II.

Warning: This information is not intended to constitute legal advice and should not be relied upon in lieu of consultation with appropriate legal advisors in your own jurisdiction. It may not be current as the laws in this area might change frequently. Use of this document is not provided in the course of and does not create or constitute an attorney-client relationship with Disability Rights Arkansas.

I \_\_\_\_\_ (do/do not) desire that he person named as my agent, who is now my spouse, **remain** as my agent **even if** we become legally separated or our marriage is dissolved.

## Section II: Guardian

In the event a court determines that a **guardian of the person** should be appointed, I request that the following person be appointed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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In the event a court determines that a **guardian of the estate** should be appointed, I request that the following person be appointed:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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**The appointment of a guardian or any other decision maker shall not give the guardian or decision maker the power to revoke, suspend, or terminate this directive or the powers of my agent, except as specifically required by law.**

In the event that a court determines that a guardian of the person and/or estate should be appointed, it is my desire that the following named individual(s) is/are **not** appointed as my guardian:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Section III: Inpatient Treatment

In the event that I require inpatient psychiatric treatment, I would prefer care at the treatment/alternative care centers listed below:

<b>1st Choice</b>	
<b>2nd Choice</b>	
<b>3rd Choice</b>	
<b>4th Choice</b>	
<b>5th Choice</b>	

For the below listed reasons, I **do not** wish to receive care from the following facilities for psychiatric care:

<b>Facility</b>	<b>Reason</b>

Additional information regarding inpatient care:

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## Section IV: Emergency Intervention

***Nothing in this section constitutes my consent to the use of medication in a non-emergency situation unless expressly stated otherwise.***

The following may cause me to experience a mental health crisis:

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The following may help me avoid a mental health crisis:

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## Section IV: Emergency Intervention (*continued*)

Staff at the hospital or crisis center can help me by doing the following:

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Staff can minimize use of restraint and seclusion by doing the following:

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#### Section IV: Emergency Intervention (*continued*)

In the event that it is determined that I am engaging in behavior that requires emergency intervention, I **prefer** emergency interventions in the following order:

\_\_\_\_\_ Seclusion

\_\_\_\_\_ Physical Restraint

\_\_\_\_\_ Seclusion and Physical Restraints (combined)

\_\_\_\_\_ Medication in Pill Form

\_\_\_\_\_ Liquid Medication

\_\_\_\_\_ Medication by Injection

\_\_\_\_\_ Other \_\_\_\_\_

In the event that I am hospitalized, I prefer to be treated by:

Medical Professional	Reason

I prefer **not** to be treated by:

Medical Professional	Reason


## Section V: Medication & Treatment Instructions

I agree to the administration of the following medication(s):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I expressly **do not** consent the administration of the following medication(s):

Medication	Reason


## Section VI: Notification

In the event that I am placed in inpatient care, my agent should notify the following individuals immediately:

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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## Section VII: Visitation

In the event that I require inpatient care, I request that the following individuals are given my passcode and placed on my visitation list:

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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**Section VII: Visitation (*continued*)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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The following individuals should not be given my passcode and should not be allowed to visit me:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section VIII: Children**

I have a child or children in my care and/or custody:

\_\_\_\_\_ No – Skip the rest of this section and move on to Section IX.

\_\_\_\_\_ Yes – Complete this section before moving on to Section IX.

## Section VIII: Children (*continued*)

***Initial “Yes” or “No” for each of the following two statements:***

Yes	No	
		In the event that I am unable to care for my children, I prefer that the following care for my children
		In the event that a court finds temporary custody is necessary, I prefer the following persons to be considered

### **First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give the following additional instructions to be followed in the event that I lack capacity:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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## Section X: Signature

By signing below, I indicate that I understand the purpose and effect of this document. I understand that this psychiatric advance directive will remain in effect until I revoke it in accordance with Section X of this document.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please choose **one** of the below options **before signing**:

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### ***Option 1: Notary***

State of Arkansas

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned notary, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

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### ***Option 2: Witnesses***

The directive above was signed in our presence by \_\_\_\_\_ ("principal") to be his/her psychiatric advance directive. At his/her request, we have signed below as witness. We attest that we have complied with A.C.A. § 20-6-103: 1) we are competent adults who are not the named agent; 2) at least one of us is not related to the principal by blood, marriage, or adoption; 3) and we would not be entitled

to any portion of the estate of the principal upon death of the principal under any will or codicil made by the principal existing at the time of execution of the advance directive.

**Witness 1**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

**Witness 2**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_



## ACCOUNTING FORMS

The following documents are blank forms that can assist with accurate accounting by a guardian. Nearly all guardianships over a person's finances require the guardian to account to the court for income and expenses relevant to the guardianship. A consistently accurate accounting will not only assure the court that the guardianship is well-managed, but will also provide opportunities for educating the individual under guardianship regarding money management.

The 12 page ledger is intended to provide space for recording itemized income and expenses so the guardian can describe how the money was used. While the categories of Clothing, Housing, Medical, PNA and Other are not set out in the guardianship code, they are typically used when accounting for the expenditure of social security expenses. Clothing is typically defined as wearable items, including shoes; Housing is defined as all shelter costs -rent, mortgage, taxes, insurance, utilities, cell phone, internet, groceries; Medical is defined as prescription drug costs, OTC medications, Medicare Part D coverage costs, co-pays, co-insurance, DME; PNA (personal needs allowance) is defined as personal hygiene, haircuts, recreation, hobbies, interests, special events, etc.; Other can be used for bank fees, non-routine purchases such as vacations, furniture, appliances, transportation, private pay staffing costs.

The information can be transferred from the ledger to the Annual Accounting report and filed with the court to support your annual accounting.

If you would like an electronic copy of the spreadsheet, complete with formulas to automate filling in the fields, please e-mail us at [info@disabilityrightsar.org](mailto:info@disabilityrightsar.org).



























Month/Year		Month/Year		Month/Year		Month/Year		Month/Year			
Clothing-T	\$	-	Clothing-T	\$	-	Clothing-T	\$	-	Clothing-T	\$	-
Housing-T	\$	-	Housing-T	\$	-	Housing-T	\$	-	Housing-T	\$	-
Medical-T	\$	-	Medical-T	\$	-	Medical-T	\$	-	Medical-T	\$	-
Other-T	\$	-	Other-T	\$	-	Other-T	\$	-	Other-T	\$	-
PNA-T	\$	-	PNA-T	\$	-	PNA-T	\$	-	PNA-T	\$	-
Total Expenses	\$	-	Total Expenses	\$	-	Total Expenses	\$	-	Total Expenses	\$	-
Interest-T	\$	-	Interest-T	\$	-	Interest-T	\$	-	Interest-T	\$	-
Other Income-T	\$	-	Other Income-T	\$	-	Other Income-T	\$	-	Other Income-T	\$	-
SSA-T	\$	-	SSA-T	\$	-	SSA-T	\$	-	SSA-T	\$	-
SSI-T	\$	-	SSI-T	\$	-	SSI-T	\$	-	SSI-T	\$	-
Wages-T	\$	-	Wages-T	\$	-	Wages-T	\$	-	Wages-T	\$	-
Total Income	\$	-	Total Income	\$	-	Total Income	\$	-	Total Income	\$	-

Footnotes

- Clothing Defined as wearable items, including shoes
- Housing Defined as all shelter costs -rent, mortgage, taxes, insurance, utilities, cell phone, internet, groceries
- Medical Defined as prescription drug costs, OTC medications, Medicare Part D coverage costs, co-pays, co-insurance, DME
- PNA Defined as personal hygiene, haircuts, recreation, hobbies, interests, special events, etc.
- Other Defined as bank fees, non-routine purchases such as vacations, furniture, appliances, transportation, private pay staffing costs

Month/Year		Month/Year		Month/Year		Month/Year		Month/Year			
Clothing-T	\$	-	Clothing-T	\$	-	Clothing-T	\$	-	Clothing-T	\$	-
Housing-T	\$	-	Housing-T	\$	-	Housing-T	\$	-	Housing-T	\$	-
Medical-T	\$	-	Medical-T	\$	-	Medical-T	\$	-	Medical-T	\$	-
Other-T	\$	-	Other-T	\$	-	Other-T	\$	-	Other-T	\$	-
PNA-T	\$	-	PNA-T	\$	-	PNA-T	\$	-	PNA-T	\$	-
Total Expenses	\$	-	Total Expenses	\$	-	Total Expenses	\$	-	Total Expenses	\$	-
Interest-T	\$	-	Interest-T	\$	-	Interest-T	\$	-	Interest-T	\$	-
Other Income-T	\$	-	Other Income-T	\$	-	Other Income-T	\$	-	Other Income-T	\$	-
SSA-T	\$	-	SSA-T	\$	-	SSA-T	\$	-	SSA-T	\$	-
SSI-T	\$	-	SSI-T	\$	-	SSI-T	\$	-	SSI-T	\$	-
Wages-T	\$	-	Wages-T	\$	-	Wages-T	\$	-	Wages-T	\$	-
Total Income	\$	-	Total Income	\$	-	Total Income	\$	-	Total Income	\$	-

Footnotes

- Clothing Defined as wearable items, including shoes
- Housing Defined as all shelter costs -rent, mortgage, taxes, insurance, utilities, cell phone, internet, groceries
- Medical Defined as prescription drug costs, OTC medications, Medicare Part D coverage costs, co-pays, co-insurance, DME
- PNA Defined as personal hygiene, haircuts, recreation, hobbies, interests, special events, etc.
- Other Defined as bank fees, non-routine purchases such as vacations, furniture, appliances, transportation, private pay staffing costs

Annual Accounting																		
Name _____					Accounting Period    12/1/2018    through    11/1/2019													
Address _____					Case No. _____													
SSN _____																		
Beginning Balance					\$   10.00										\$   10.00			
Date	SSA	SSI	Other income	Wages	Interest	Housing	PNA	Clothing	Medical	Other	Total Disbursements	Running Balance	Notes					
12/1/2018	\$ 1,055.00	\$ -	\$ 3.60	\$ -	\$ -	\$ 785.18	\$ 95.28	\$ 114.27	\$ -	\$ -	\$ 994.73	\$ 73.87						
1/1/2019	\$ 1,085.00	\$ -	\$ 82.20	\$ -	\$ -	\$ 630.96	\$ 389.28	\$ 67.57	\$ 3.00	\$ -	\$ 1,090.81	\$ 150.26						
2/1/2019	\$ 1,085.00	\$ -	\$ 5.11	\$ -	\$ -	\$ 655.28	\$ 335.81	\$ -	\$ 63.00	\$ -	\$ 1,054.09	\$ 186.28						
3/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
4/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
5/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
6/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
7/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
8/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
9/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
10/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
11/1/2019	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 186.28						
Ending Balance																		



## VOTING DOCUMENT INSTRUCTIONS:

If your guardianship was established in or after 2001, you likely do not have the right to vote unless the court expressly granted that right to you. Use the following documents to help you regain the right to vote.

One document is a motion to modify the guardianship order. A “motion” is a document asking the court to take some action. If you want the court to take some action, you would file a motion and you are then called a “movant.” The motion is written from the perspective of a person under guardianship.

An affidavit is a document that represents sworn testimony. A person signing an affidavit has sworn that the contents of that affidavit are true. It is always helpful when an individual has an affidavit from a doctor or their guardian to support changes they would like to make to their guardianship. The law does not provide adequate guidance regarding the type of evidence you must provide to regain the right to vote, so it might not always be necessary to file supporting affidavits.

Fill in the blanks, where appropriate, and send them to the circuit clerk to be filed in your case. You can find out where your circuit clerk can be contacted using the following directory: <https://www.arcourts.gov/directories/circuit-clerks>

Once filled in, contact the circuit clerk to get your case number and fill it in at the top of the document and mail it to the circuit clerk to be filed. Mail a copy to your guardian and a copy to the judge along with a note requesting a hearing.

If any part of any of the documents requires a notary, do not sign the document until you are in front of a notary public. You can usually find a notary public at a bank.

If you would like an electronic version of the following forms to type in your information, please e-mail us at [info@disabilityrightsar.org](mailto:info@disabilityrightsar.org).

Contact us if you need any assistance with any of these forms!

**IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS  
PROBATE DIVISION**

**In the Matter of**

\_\_\_\_\_, **[An Incapacitated Person]**

**No.** \_\_\_\_\_

**MOTION TO MODIFY ORDER APPOINTING GUARDIAN**

Movant \_\_\_\_\_ respectfully requests that the Court modify its order appointing my guardian to specify that I retain the right to vote. Arkansas law prohibits voting by individuals under guardianship, but courts have interpreted the law to permit restoration of the right to vote where a person has the capacity to vote. Ark. Code Ann. 28-65-301(a)(2)(E). I have the capacity to vote and would like to vote in the upcoming election scheduled to take place on \_\_\_/\_\_\_/\_\_\_\_, and in subsequent elections.

As demonstrated in the attached affidavits from my treating mental health professional, I understand what it means to vote and how the voting process works. I have the capacity to choose from among the candidates whose names will appear on the general election ballot and to form an opinion concerning the questions presented on the ballot and I wish to express my preferences by voting. My guardian supports this Motion. See affidavit of *GUARDIAN* attached.

As provided in the attached Proposed Order Modifying Order Appointing Guardian, I respectfully request that the Order appointing my guardian be modified by adding the following sentence: \_\_\_\_\_ retains the right to vote.

Should the Court deem further proceedings necessary to decide this motion, I respectfully request that the Court appoint an attorney to represent me in such proceedings.

Respectfully Submitted,

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*Sign name above*

---

Date

---

*Print name above*

---

Date

**IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS  
PROBATE DIVISION**

**In the Matter of**

\_\_\_\_\_, **[An Incapacitated Person]**

**No.** \_\_\_\_\_

**AFFIDAVIT OF \_\_\_\_\_ *(medical professional)***

\_\_\_\_\_, (Affiant) being duly sworn, deposes and says:

1. I am a licensed \_\_\_\_\_ **[psychiatrist, psychologist, physician, etc.]** in the state of Arkansas and I make this affidavit in support of Movant's motion to reinstate their voting rights.

2. I have treated Movant since \_\_\_\_/\_\_\_\_/\_\_\_\_.

3. I have in the past and continue to treat Movant.

4. The Guardianship Order provides for a guardian to help Movant make decisions about his person or his property. The Order made no specific finding with respect to Movant's capacity to vote. However, solely as a result of being assigned a guardian, Movant has been deprived of the right to vote.

5. **[If applicable]** During the course of my relationship with Movant, I have had discussions with them regarding their desire to vote. Movant would like the right to vote.

6. I examined Movant on \_\_\_\_/\_\_\_\_/\_\_\_\_. I concluded then that Movant is competent to vote in local, state, and federal elections. Movant understands the electoral process and understands the nature and effect of voting. Movant also has the capacity to make his own decisions regarding candidates and questions on the ballot. Movant has opinions about elections that he holds entirely on his own without undue outside influence.

**[areas of decision making identified in the Order]**, but they are very capable of making informed decisions about voting.

9. I declare under penalty of perjury under the laws of the state of Arkansas that the foregoing is true and correct.

[illegible]

My Commission Expires:

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS  
PROBATE DIVISION

In the Matter of

\_\_\_\_\_, [An Incapacitated Person]

No. \_\_\_\_\_

**AFFIDAVIT OF GUARDIAN**

*GUARDIAN*, being duly sworn, deposes and says:

1. Pursuant to an order of this court dated \_\_/\_\_/\_\_\_\_ [insert date] (the “Guardianship Order”), was appointed the guardian of the [person and/or property] of \_\_\_\_\_ (Movant/Ward). Attached hereto as Exhibit A is a copy of the Guardianship Order. The Guardianship Order has not been amended.

2. The Guardianship Order does not state whether Movant may still exercise their right to vote. As a result of their being placed under guardianship, Movant has not been permitted to vote in local, state, or national elections. I submit this Affidavit in support of my ward’s motion dated \_\_/\_\_/\_\_\_\_[insert date] to amend the Guardianship Order so that it expressly provides that Movant has retained their right to vote.

3. [If applicable] I am not only guardian, but also Movant’s \_\_\_\_\_ [describe relationship to ward]. I have known Movant for \_\_\_\_\_ years.

4. [If applicable] Before I was named their guardian, Movant regularly exercised their right to vote. [Guardian should explain how they know that to be the case and, if possible, provide anecdotal evidence]. \_\_\_\_\_

\_\_\_\_\_.

5. Movant keeps up with current events by \_\_\_\_\_

\_\_\_\_\_.

**[describe how the person under guardianship keeps up with current events, i.e. newspaper, tv news, etc.].**

6. **[If applicable]** Movant and I have discussed current events and they have expressed opinions about various issues.

7. Movant has expressed interest to me about voting in upcoming elections.

8. Based on my conversations with Movant, I believe that they understand what an election is, and that they will exercise their own judgment when voting.

9. Although Movant may need assistance from a guardian with some decisions, they understand the voting process and will make independent decisions when voting.

10. I declare under penalty of perjury under the laws of the State of Arkansas that the foregoing is true and correct.

## VERIFICATION

[illegible]

I, \_\_\_\_\_ (Guardian), state upon oath that I am aware of the statements made herein, and that the statements are true and correct to the best of my knowledge and belief.

(Guardian signature)(ONLY SIGN IN FRONT OF NOTARY)

Subscribed and sworn before me, a notary public, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My Commission Expires:

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ARKANSAS  
PROBATE DIVISION

In the Matter of

\_\_\_\_\_, [An Incapacitated Person]

No. \_\_\_\_\_

**PROPOSED ORDER MODIFYING ORDER APPOINTING GUARDIAN**

Having considered the instant Motion and attached Affidavits, and having heard no opposition to the Motion, the Court hereby GRANTS the Motion.

The order appointing \_\_\_\_\_ as guardian of \_\_\_\_\_, dated \_\_\_\_/\_\_\_\_/\_\_\_\_, will be modified by adding the following sentence to the Order:

**WARD** retains the right to vote.

The Clerk of the Court shall so notify appropriate election officials.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Hon.* \_\_\_\_\_