

Name of Volunteer: Nancy Vance

Date Returned: 6-6-2024

**FILED**

JUN 06 2024



JUDGE DIXIE PARK  
STARK COUNTY PROBATE COURT

**REPORTING FORM  
COURT ANGEL PROGRAM  
SUMMARY REPORT TO THE COURT**

In the Matter of Albert Pitts Case # 237637  
First Name Last Name

In this section, record your overall assessment of the ward's care by checking one of the options in the chart. If you indicate that further action is needed, please specify in the comments section what that action should be.

Ward's overall care is:	No further action recommended	Further action needed
Superior	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory	<input type="checkbox"/>	<input type="checkbox"/>
Marginal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unacceptable	<input type="checkbox"/>	<input type="checkbox"/>

Definitions of care levels:

- Superior:** Care is better than adequate; beyond meeting the basic needs of the ward; extra assistance is provided. May be exemplary in one or more ways.
- Satisfactory:** Care is adequate to meet housing, socialization, and if applicable, habitation needs of the ward.
- Marginal:** Overall care is less than adequate but not dangerous to the ward.
- Unacceptable:** Inadequate care is causing or about to cause a serious negative effect on the ward's health or welfare; remedial action is necessary.

**VOLUNTEER RECOMMENDS THE FOLLOWING ACTION BY THE COURT:**

- No further action required. Specific comments by volunteer:
- Ward should be visited again on: \_\_\_\_\_
- Letter or call requesting information from Guardian. \_\_\_\_\_
- Letter or call advising Guardian of resources. \_\_\_\_\_
- Letter requesting plan for improvements from Guardian. \_\_\_\_\_
- Letter requesting Guardian to take action within a specific time. \_\_\_\_\_
- Appoint volunteer or GAL for further investigation \_\_\_\_\_
- Referral to another agency. (APS, DDS). \_\_\_\_\_
- Order for Guardian to appear at hearing \_\_\_\_\_
- Emergency appointment of new Guardian. \_\_\_\_\_
- Removal of Guardian - new Guardian appointed. \_\_\_\_\_
- Termination of guardianship/restoration. \_\_\_\_\_
- Other \_\_\_\_\_

For Court Use Only:	
1. <input checked="" type="checkbox"/>	No action needed.
2. <input type="checkbox"/>	Action needed; agree with volunteer recommendations.
3. <input type="checkbox"/>	Action needed; different from volunteer recommendations.
4. <input type="checkbox"/>	Action recommended; no action needed.

*Dr. J. [Signature]*