

State of Minnesota

District Court

Probate Division

County of Winona

Judicial District: 3

Court File Number: 85-PR-19-1081

Case Type: Guardianship/Conservatorship

In Re: the Guardianship of  
David Russell**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 7/10/2020 to 7/10/2021.

**THE GUARDIAN (ME)**

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

**Name:** INDEPENDENT MANAGEMENT SERVICES  
**Street Address or PO Box:** 101 21ST ST SOUTHEAST SUITE 1  
**City/State/Zip:** AUSTIN MN 55912  
**Home Phone:** (507) 437-6389  
**Email:** IMSOFMN@GMAIL.COM

**THE PERSON SUBJECT TO GUARDIANSHIP**

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

**Street Address:** 166 W. 6TH STREET. APT. 213  
**City/State/Zip:** WINONA MN 55987  
**Living Arrangement:** ALONE WITHIN THE COMMUNITY

**2. Previous Addresses.** Has the person subject to guardianship lived at any other address during this reporting period?

Yes  No

**Current Conditions**

For questions #3 through #5, rate the Person Subject to Guardianship'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 Person Subject to Guardianship's current mental condition as:

1  2  3  4  5

The reason I give this rating: **DURING THIS REPORTING PERIOD DAVID HAS HAD ONE PSYCHIATRIC HOSPITALIZATION THAT INDEPENDENT MANAGEMENT SERVICES IS AWARE OF. OUR SCOPE OF GUARDIANSHIP OVER DAVID ONLY INCLUDES FILLING OUT HIS MEDICAL ASSISTANCE PAPERWORK, SO OUR KNOWLEDGE IS LIMITED TO WHAT HE OFFERS US.**

**4.** I rate the Person Subject to Guardianship's current physical condition as:

1  2  3  4  5

The reason I gave this rating: **THE DETAILS REGARDING DAVID'S PHYSICAL CONDITION DURING THIS REPORTING PERIOD ARE UNKNOWN TO INDEPENDENT MANAGEMENT SERVICES DUE TO OUR LIMITED SCOPE OF GUARDIANSHIP.**

**5.** I rate the Person Subject to Guardianship's current social condition as:

1  2  3  4  5

The reason I gave this rating: **DETAILS REGARDING DAVID'S SOCIAL CONDITION ARE UNKNOWN TO INDEPENDENT MANAGEMENT SERVICES DUE TO OUR LIMITED SCOPE OF GUARDIANSHIP.**

## THE GUARDIANSHIP

### 6. Contact with the person subject to guardianship

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

- Daily  
 Weekly  
 Monthly  
 Other

Other: **AS NEEDED FOR MEDICAL ASSISTANCE PAPERWORK**

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

- In Person  
 By telephone (calling)  
 By text  
 By email  
 Other

Other: **EMAIL WITH CASE MANAGER**

### Services

For questions #7 through #10, tell whether the Person Subject to Guardianship 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 person subject to guardianship receive any **medical services** in the past year?

- Yes  No

If Yes:

Describe: **DETAILS REGARDING DAVID'S MEDICAL SERVICES ARE UNKNOWN TO INDEPENDENT MANAGEMENT SERVICES DUE TO OUR LIMITED SCOPE OF GUARDIANSHIP.**

Were the medical services adequate?

- Yes  No

8. Did the person subject to guardianship receive any **educational services** in the past year?

- Yes  No

9. Did the person subject to guardianship receive any **vocational services** in the past year?

- Yes  No

10. Did the person subject to guardianship receive any **other services** in the past year?

- Yes  No

### 11. Restrictions.

Did you place any restrictions on the rights of the person subject to guardianship to communicate, visit, or interact with anyone? This includes:

- 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

## 12. Payment for Services.

a. Have you received any payment for services provided to the person subject to guardianship in the past year that was not reimbursed by county contract?

Yes  No

b. Guardian's Current Rate. List the current rate you charge, or enter \$0 if you do not charge for your services: **\$38/HOUR**

**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 online at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) (choose "Guardianship/Conservatorship" category) for making these requests.*

a. Do you believe the person subject to guardianship should still be under guardianship?

Yes  No

Explain: **INDEPENDENT MANAGEMENT SERVICES BELIEVES THAT DAVID WILL CONTINUE TO NEED ASSISTANCE COMPLETING AND INITIATING MEDICAL ASSISTANCE COMPLIANCE.**

b. Do you think the guardianship should be changed?

Yes  No

Explain: **INDEPENDENT MANAGEMENT SERVICES BELIEVES THAT DAVID WILL CONTINUE TO NEED SOME ASSISTANCE WITH MEDICAL FORMS.**

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.**

**Date Submitted: 7/15/2021**

**Submitted By: KATHY GOERGEN FOR  
INDEPENDENT MANAGEMENT SERVICES**

**Name:** INDEPENDENT MANAGEMENT SERVICES

**Street Address:** 101 21st St Southeast Suite 1

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: Austin MN 55912

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