



Temporary Guardianship

Division All Staff Workshop 2026

Who We Are

Meet the Legal Team

Section Chief:

Angela Beeson, Tulsa

Attorneys:

Ryan Berry, Oklahoma City

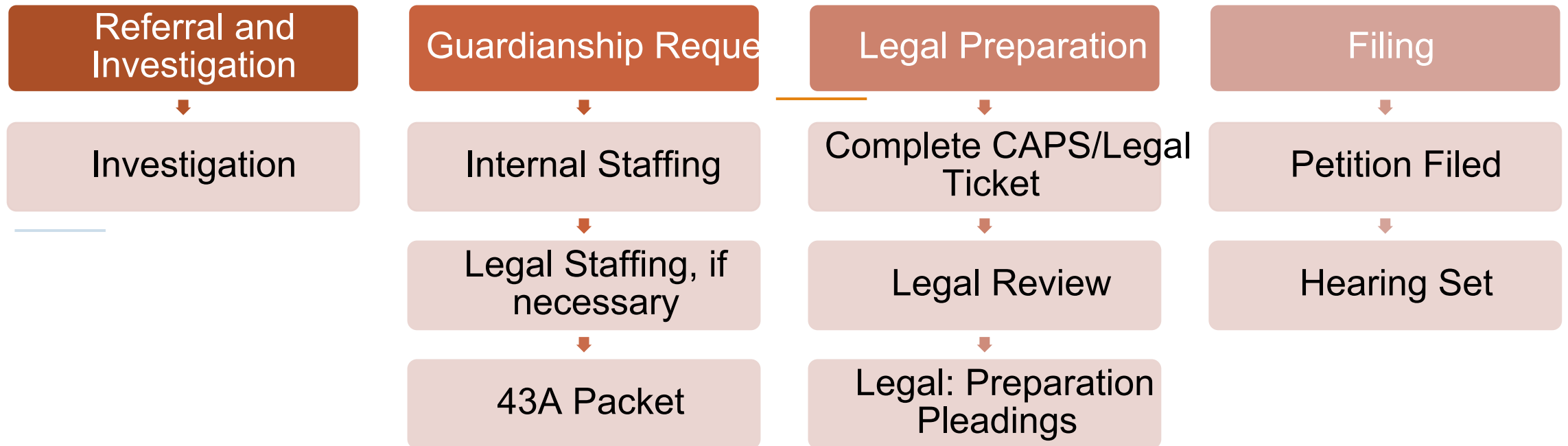
Candice Milard, Oklahoma City

Support:

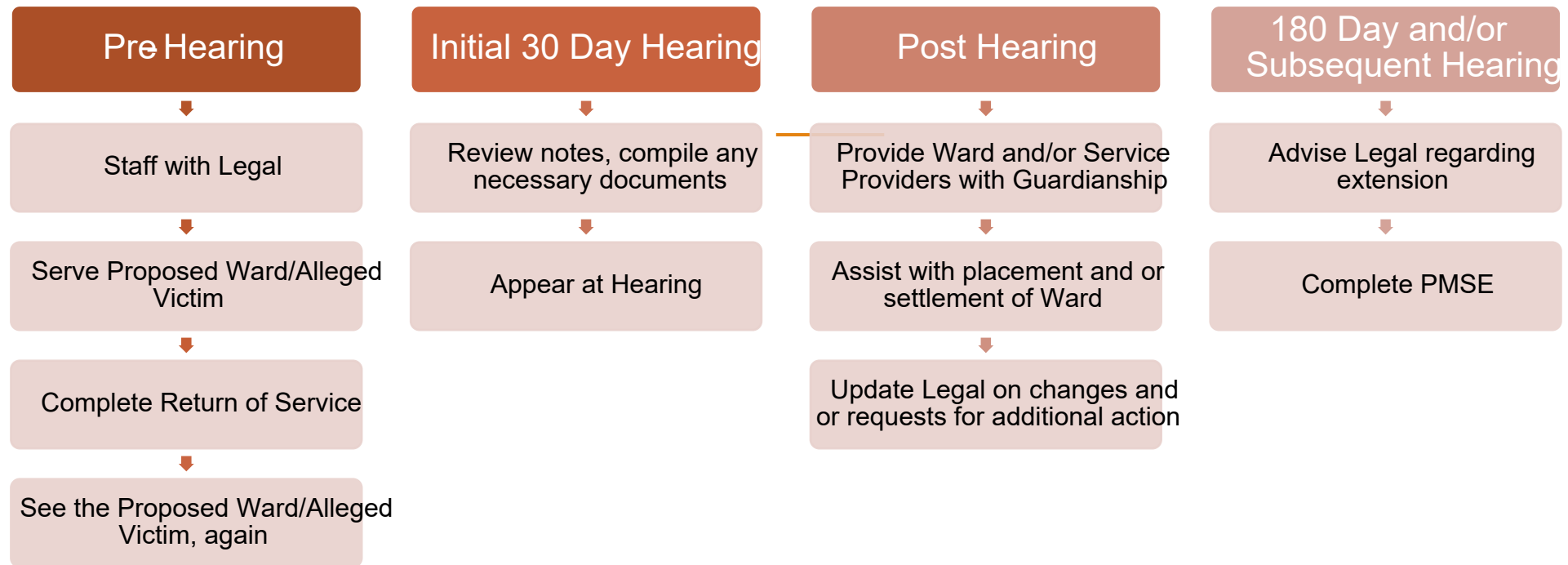
Judy Gilbert, Oklahoma City

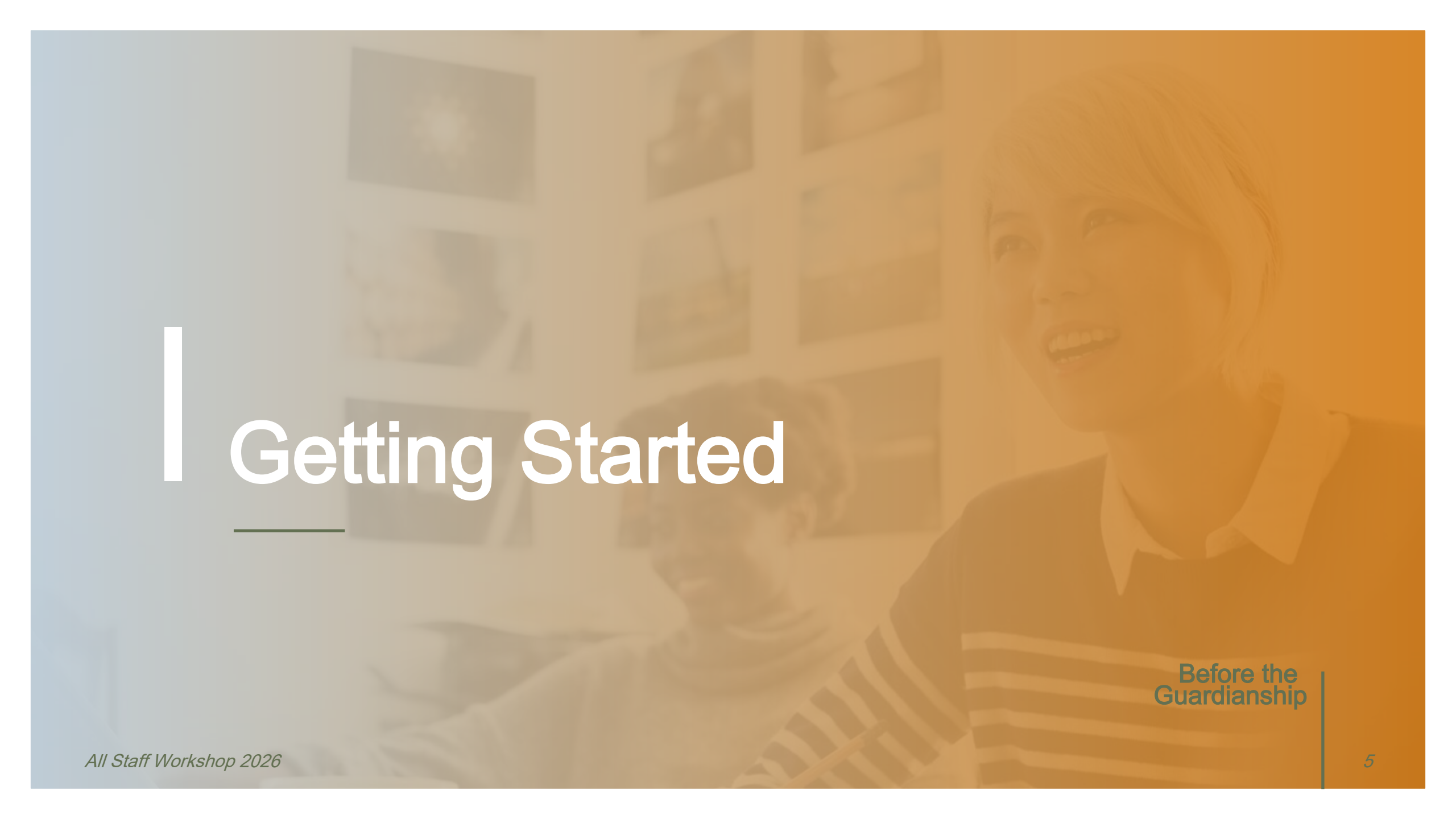
Kelli McClellan, Tulsa

Timeline



Timeline





| Getting Started

Before the
Guardianship

Referral and Investigation

It started with a referral...

Building the case:

- Investigation of allegation
- Talking with the alleged victim
- Talking with the alleged perpetrator and/or collaterals
- Gathering documents
- Observing the conditions, if necessary

I think we may need to help...

Once you have gathered the information and followed the leads, you may be ready to move forward:

- Staff within your subdivision (supervisor and/or director)
- Staff with Legal
- Prepare your 43 A Packet

Referral and Investigation

I think we may need to help...

1. Investigation of the referral and allegations
2. Interview of the alleged victim
3. Interview with alleged perpetrator, collateral witnesses, and/or service providers (bank, caregivers, facility staff, etc.)
4. Observe the conditions
5. Gather documents

During this period, take good notes especially if you think this may be a guardianship scenario. The more concise and thorough the information, the easier it is to prepare pleadings and arguments for presentation to the court.

43A Packet

Page 1

1. Legal Name and Date of Birth

1. Is the alleged victim's name spelled correctly?
2. Is that their correct date of birth?

2. Address

1. Is the alleged victim located at a residence or placement that is NOT their primary residence?
2. Where do they live primarily? Or WHERE did they live before?

3. Family

1. Is the alleged victim married? If so, to whom? Where are THEY living and/or located?
2. Does the alleged victim have children? If so, what are their full names? Where are they located?
3. Is there any other family?

TITLE 43A GUARDIANSHIP QUESTIONNAIRE: updated 4/19/24

1. Vulnerable Adult LEGAL name: Sarah Adulging

2. Date of Birth: 07/06/1976

3. SSN: 555-555-1225

4. Is the client a member of any Oklahoma tribe? (If so which nation and do they have a CDIB card): No

5. Address and name of CURRENT residence/placement: N/A

6. If client currently is in an out of home placement where did they live before? (address and county):
5678 Wonderful Court Midwest City, OK Oklahoma County

7. Do they have a house or an apartment? (If yes where and do they own or rent) Yes, own home at 5678 Wonderful Court Midwest City, OK

8. Marital Status: Widowed

9. If has or had a spouse please list their name and address: N/A

10. Names and address of children: (please list if each child is an adult or minor and if living or deceased):

Jennifer Adulging, 369 W. Kid Street Twintown, OH
Mark Adulging, 987 E. Mad Lane Oklahoma City, OK

11. Names and addresses of living parent(s): N/A

12. Names and address of living adult grandchildren: Jacob Adulging, 371 W. Kid Street Twintown, OH

13. Names and addresses of living adult siblings: Jemma Redding, 555 Sister Circle Oklahoma City, OK

14. Name and address of those claiming to currently be POA, DPOA, or guardian or those who may have been POA, DPOA, or guardian in the past: N/A

15. Name of client's attorney: N/A

16. Name and addresses of any alleged perpetrators: N/A

17. Is the client receiving services from the Department of Mental Health? (if yes please provide as much detailed information as you can regarding these services) N/A

18. Does the client receive Veteran's benefits or are they eligible for such benefits? (If yes please provide as much detailed information as you can regarding benefits). No

43A Packet

Page 2

1. Details of the case up to this point...

1. What was the referral for?
2. Who was involved in the referral?
3. What did the investigation reveal?
4. What triggered the request for guardianship?
5. Have we exhausted all other avenues and possibilities?
6. What will the guardianship resolve?

2. Assessments and Diagnosis

1. What assessments were completed and what was the result?
2. When was the assessment attempted/completed?
3. What are the primary/triggering diagnoses?

3. Guardianship Request

1. Do we need a guardianship over this person, their finances, or both?
2. Once the guardianship is granted, where is the alleged victim going?

19. What are the sources of client's income? \$2,500 Goodyear retirement; \$1,000 Postal Office (Husband Retirement)

20. Please list financial information that you are aware of WITH ACCOUNT NUMBERS: (Checking accounts, Savings accounts, Social Security, pensions, trusts, safe deposit box, CDs...) Arvest Checking, Chase Savings

21. Does the client have any pets that APS needs to take care of? N/A

22. Does the client have any end of life documents such as a will or DNR? No.

23. Please provide details about the case up to this point: Sarah was diagnosed with memory loss in 2025. A referral was received alleging that Sarah is forgetting to eat and take her blood pressure medication. She has also been forgetting to pay her bills and her yard is overgrown. When we went to see her, Sarah didn't have much food in the house and thought that her husband was taking care of the bills. Jemma had been checking on Sarah but her health is declining and she doesn't call or come over. Sarah's daughter lives in OH and can check on her mom but she cannot care for her due to her caring for her adult son who has additional needs. Sarah's son while able to bring groceries, is not willing to care for his mother or check on her regularly. Sarah is no longer able to care for herself without assistance.

24. Please list any assessments you completed and the results of those assessments. Attempted SLUMS but Sarah kept getting distracted.

25. What are the medical diagnosis or health concerns that you are aware of? Dementia

26. Are we asking for guardianship of person, estate, or both? Both

27. Where will client be placed and when? Plush Gardens Memory Care, 1234 Memory Lane Oklahoma City, OK

28. Any other information?

**PLEASE SEND WITH THIS PACKET ASSESSMENTS, MEDICAL RECORDS,
AND BANK RECORDS THAT YOU HAVE OBTAINED**

Keep it Going

All Staff Workshop 2026

Pre-Hearing

20XX

1. The attorney assigned to your case will send you the filed:
 1. Petition
 2. Notice of Hearing, and
 3. Motion to Appoint Counsel
 4. Return of Service
2. Take the Petition, Notice, and Motion with you and “serve” the proposed ward/alleged victim.
3. Complete the Return of Service
4. Staff the matter with Legal, provide updates and/or discuss:
 - Updates on proposed ward/alleged victim’s demeanor and/or reaction to the legal action
 - Updates to treatment, diagnosis, prognosis, medication, placement, etc.
 - Ask questions about judicial expectations or court rules
 - Make sure you know where to go and what time
 - See the proposed ward/alleged victim again, if you can.

Return of Service

1. Date of Service

1. Please fill in the portion with the date that you provided the proposed ward/alleged victim with the Petition for Guardianship.

2. Signature

1. You may sign traditionally or electronically

3. Return to Legal

**IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA**

THE OKLAHOMA DEPARTMENT OF HUMAN SERVICES,	)	
Petitioner,	)	
In the Matter of JESSE JAMES ,	)	PG-2026-1234
an incapacitated and vulnerable adult,	)	JUDGE: M. Oakes
DOB: 01/1/2001,	)	
Respondent	)	

RETURN/CERTIFICATE OF SERVICE BY PERSONAL SERVICE

I certify that I personally delivered a copy of all file-stamped documents in this case to each of the following individuals in Oklahoma County at the following address(es) and on the following date(s):

Name	Address	Date of Service
Jesse James	921 N.E. 13 th St. Oklahoma City, OK 73104	

Specifically, the file stamped documents that were delivered were: Petition for Appointment of Temporary Guardian and Authorization for Involuntary Protective Services for Thirty Day Period; Notice of Hearing- Petition for Appointment of Temporary Guardian and Authorization for Involuntary Protective Services for Thirty Day Period; Motion for Order Appointing Counsel.

Respectfully submitted,

Michelle Specialist
~~Adult Protective Services, Specialist~~
PO Box 25352
Oklahoma City, OK 73125-0352
(405) 521-3638: Telephone
(405) 521-6816: Facsimile
Michelle.Specialist@okdhs.org
APS SPECIALIST FOR THE OKLAHOMA
DEPARTMENT OF HUMAN SERVICES

Hearing

- Once at hearing, you are Department's key witness, SHINE!
- You will provide testimony but also, be prepared to answer questions from:
 - APS Attorney
 - Judge
 - Ward's Attorney, if appearing
 - Family, if they choose to appear



Now What?

20XX

- Provide the Guardian, the facility/hospital, the bank, any other providers with the file stamped paperwork.
- You may also need to assist in:
 - Transitioning the Ward to new placement
 - Inventory of the home and property (if not done during investigative stage)
 - Sale/donate/discard of property
- Keep legal updated
 - Does the guardianship need to be extended past 30 days?
 - Is the ward settled and dismissal is necessary?

A Few Tips...

- When preparing your forms, do not use abbreviations.
 - Ex. Alleged Victim or Alleged Perpetrator instead of AV and AP
- Use complete sentences with punctuation; avoid using shorthand.
 - Ex.: Mrs. Miller was found on the floor and in pain.
- Use full names and check for affiliation.
 - Ex. Alleged Perpetrator is Mrs. Miller's daughter who everyone calls Suzie.
 - Alleged Perpetrator: Susan Miller Smith
 - Alleged Victim's Children: Susan Miller Smith
- Review the case before the hearing.
- Arrive on time. If you're running late, let your attorney know.



THANK YOU!
