

IN THE MATTER OF

Case No. _____

_____,
Ward

**ANNUAL REPORT OF
GUARDIAN ON CONDITION
OF WARD**

I, the undersigned, am the guardian of the above named ward. My annual report on the condition of the ward to the court is as follows:

1. As guardian, I believe this guardianship should remain in place.

Yes No.

Please explain:

2. Current physical address of the ward:

3. The ward's residence is:

apartment/independent living/own home

guardian's home

nursing home/skilled care facility/assisted living

boarding/extended family home

other: _____

4. The ward has lived in his or her current residence since

_____. If the ward has moved

within past year, state reasons for change:

5. How often do you visit the ward? Daily Weekly Monthly

Other (describe) _____

6. Are you the care provider? Yes No.

If you are **not** the care provider, how often do you contact the ward's care provider? Daily Weekly Monthly
Other (describe)

7. During the past year, has the ward's mental health changed?

Yes No.

If yes, describe:

8. During the past year, has the ward's physical health changed?

Yes No.

If yes, describe:

9. During the past year, the ward has been treated or evaluated by the following:

Yes/No	Professional	Name of Professional	Date of last visit
Yes No	Physician		
Yes No	Psychiatrist/Psychologist		
Yes No	Social or other case worker		
Yes No	Other		
Yes No	Other		

10. Does the ward participate in decision making? Yes No

If yes, briefly describe:

11. As guardian, in your opinion are the ward's needs being met in their current living arrangements? Yes No. If no, please explain:

Additional Comments:

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Report of Guardian on Condition of Ward , and to the best of my knowledge and belief, they are true, correct and complete.

Ward/Minor Ward/Protected Person

County Court

Case No. _____

CERTIFICATE OF MAILING

I, _____, swear or affirm, **under the penalties of perjury**, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on _____:

Annual Report;

Other(if any):

NAME(S) OF INTERESTED
PERSON(S)

ADDRESS(ES)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)