

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)

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

Yes No.

If yes, describe:

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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:

<u>Yes/No</u>	<u>Professional</u>	<u>Name of Professional</u>	<u>Date of last visit</u>
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:

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

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Additional Comments:

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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)