



Circuit Court for

Case No.

City or County

In the Matter of

Name of person for whom guardianship is sought

Petitioner:

Street Address Apt # PO Box
()
City State Zip Code Area Code Telephone

ANNUAL REPORT OF GUARDIAN OF THE PERSON

I, _____, make this annual report for the period from _____ to _____.
Date Date

1. The permanent residence of the disabled person:

2. The disabled person currently resides or is physically present in:

- own home
- nursing home
- foster/boarding home
- other
- guardian's home
- hospital or medical facility
- relative's home: _____
Name
Relationship

State the name of facility (if applicable): _____

(If other than disabled person's permanent home, state the name and address of the place where the disabled person lives _____)

3. The disabled person/minor child has been in the current location since _____
Date

If the person has moved within the past year, the reasons for the change are:

4. The physical and mental condition of the disabled person/minor child is as follows:

5. During the past year, the disabled person's/minor child's physical or mental condition has changed in the following respects:

6. The disabled person/minor child is presently receiving the following care:

7. I have applied funds as follows from the estate of the disabled person/minor child for the purpose of support, care, or education (if applicable):

8. The plan for the disabled person's/minor child's future care and well being, including a plan to change the person's location, is:

9. I have no serious health problems that affect my ability to serve as guardian.
 I have the following serious health problems that effect my ability to serve as guardian:

10. This guardianship
 should be continued
 should not be continued, for the following reason:

11. My power as guardian should be changed in the following respects and for the following reasons:

12. The court should be aware of the following other matters relating to this guardianship:

VERIFICATION

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing inventory are true and correct to the best of my knowledge, information and belief.

Signature of the Fiduciary Date

Signature of the Fiduciary Date

Print Name of Fiduciary

Print Name of Fiduciary

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