



In the Matter of

\_\_\_\_\_  
Name of person for whom guardianship is sought

Petitioner:

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

**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

\_\_\_\_\_  
Print Name of Fiduciary

\_\_\_\_\_  
Street Address Apt # PO Box

\_\_\_\_\_  
City State Zip Code ( ) Area Code Telephone

\_\_\_\_\_  
Signature of the Fiduciary Date

\_\_\_\_\_  
Print Name of Fiduciary

\_\_\_\_\_  
Street Address Apt # PO Box

\_\_\_\_\_  
City State Zip Code ( ) Area Code Telephone