

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State and Zip Code: \_\_\_\_\_  
Your Telephone Number(s): \_\_\_\_\_ / \_\_\_\_\_

FOR CLERKS USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of

Case Number JG \_\_\_\_\_

\_\_\_\_\_ A Minor

### ANNUAL REPORT OF GUARDIAN

PERIOD FROM \_\_\_\_ - \_\_\_\_ - \_\_\_\_ TO \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MO DAY YR MO DAY YR

DUE \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MO DAY YR

**Instructions to Guardian:** Arizona law (A.R.S. 14-5315) requires every guardian of a minor to advise the Court each year regarding the Minor. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Clerk of Superior Court, Juvenile Court Administration, 3131 W. Durango St., Phoenix, Arizona 85009, or 1810 S. Lewis St., Mesa, Arizona 85210. You must also mail a copy of the report to anyone else who has appeared in the case. You must mail a copy to the Minor, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary, additional pages may be attached.)

**I am the Guardian and make these statements:**

#### 1. Information about the Minor.

Minor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month, day, year)

#### 2. Information about where the Minor lives.

A. Describe the residential situation where the Minor lives (private home, boarding school, etc.)  
\_\_\_\_\_

B. Provide the information requested below about the home or facility.

Name of Person in Charge or Facility: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip Code): \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

**3. Information about the Minor's Doctor.**

Minor's Current Doctor (Name): \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

**4. Information about the Minor's physical and mental health.**

A. Date the Minor was last seen by a doctor: \_\_\_\_\_

B. Changes in Minor's health. Have there been any major changes in the Minor's physical and/or mental condition in the last year? If so, please describe the change. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Attach a copy of the doctor's report about the Minor's current physical and mental condition.

**5. Information about the Minor's Education.**

a. Name of School District: \_\_\_\_\_

b. Name/Address of School: \_\_\_\_\_

c. Last Grade Completed: \_\_\_\_\_

d. Describe Minor's School Experience (grades, relationships, behavior): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Information about the Guardianship.**

Number of times the Guardian has seen the Minor in the last 12 months: \_\_\_\_\_

Date of the last visit: \_\_\_\_\_

The Guardian's opinion about whether the guardianship should continue: (Explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Information about the person responsible for managing the Minor's assets:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**8. Information about State, County or Federal Agency Services:** Does the Minor receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Minor. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. DATED:** \_\_\_\_\_

\_\_\_\_\_  
Print Guardian's Name

\_\_\_\_\_  
Signature of Guardian

**10. AFFIDAVIT OF MAILING: Under penalty of perjury,** I state to the Court that I have mailed or will mail this **Annual Report of Guardian** to the following people at the following address(es) on this date:

\_\_\_\_\_  
(Month/Day/Year)

• Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State, Zip Code: \_\_\_\_\_

• Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State, Zip Code: \_\_\_\_\_

• Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State, Zip Code: \_\_\_\_\_

• Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Mailing Document