



**B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.**

Name of Person in Charge: \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**C. PRIMARY WEEKDAY LOCATION: Monday-Friday, 8:00 A.M. TO 5:00 P.M.,  
the Ward can usually be found at: (List full address below)**

\_\_\_\_\_

**4. Information about the Ward's Doctor.**

Doctor's Name: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Doctor's Telephone Number: \_\_\_\_\_  
Doctor's Email Address: \_\_\_\_\_

**5. Information about the Ward's physical and mental health.**

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

**B. Changes in Ward's health. Have there been any major changes in the Ward'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 Ward's current physical and mental condition.**

**6. Information about the Ward's Guardian.**

Guardian's Name: \_\_\_\_\_  
Guardian's Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**7. Information about the Guardianship.**

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

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

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

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

**8. Information about the person responsible for managing the Ward's assets:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**9. Information about State, County or Federal Agency Services: Does the Ward 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 Ward.**


**10. DECLARATION OF MAILING: I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:\_\_\_\_\_.**







**UNDER PENALTY OF PERJURY:**

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: \_\_\_\_\_

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

\_\_\_\_\_  
PRINTED Name