

Name of Ward _____ Ward's DOB _____ Phone _____
Address _____ City _____ State _____ Zip _____

Notice of Annual Report to Ward and Interested Parties

TO THE ABOVE NAMED WARD:

You, as ward, have the right to petition the court to change, limit, or end this guardianship at any time. Any person who knowingly interferes with your request to the court or judge may be found guilty of contempt of court.

REPORT FROM THE PERIOD FROM _____ TO _____
MM/DD/YY MM/DD/YY

Name of Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

As the named guardian for the above ward, I report for the period indicated above as follows:

1. The ward's name, address and telephone number are correctly listed above.
2. A brief description of the ward's physical condition is:
3. A brief description of the ward's mental condition is:
4. The name, address and telephone number of the person or institution that has care or custody of the ward is:

5. I have been authorized by the court to decide where the ward will live:
Yes _____ or No _____. If yes, answer a through c.
- a. The current nature of that care is:

 - b. Changes in the ward's care since the last guardian's report are:

 - c. I propose that the following changes be made in the ward's living situation and care:
6. I have been given authority by the court to make medical decisions for the ward:
Yes _____ or No _____. If yes, answer a and b.
- a. The ward was last seen by a _____ physician or _____ psychologist (name and date of last visit):

 - b. Medical treatment I have authorized since the date of the last guardian's report is:

