

Name of Protected Person: _____ Court Case Number: _____ -G26-

Name of Guardian: _____ Date of Appointment: _____

This report is your: *[check any applicable category]*

first report periodic annual report final report other report ordered by Court

Date of this report: _____ covering a time period from _____ to _____

Date of last report: *[if applicable]* _____ covering _____ to _____

1. Describe the Protected Person's *mental, physical and social* condition during the time period covered by this report:

2. Describe the Protected Person's *living arrangements* during the time period covered by this report:

3. Describe the *medical, educational, vocational and other professional services* which were provided to the Protected Person during the time period covered by this report:

4. **What is your opinion as to the adequacy of the Protected Person's care:**

5. **Do you agree with the current treatment and/or habilitation plan for the Protected Person? Explain your response.**

6. **What is your recommendation as to the need for continued guardianship? Explain your response.**

7. **Do you recommend any changes in the *scope* of the guardianship? If so, detail the changes recommended and explain the reasons for recommending such changes.**

8. **Summarize your visits with, and activities of behalf of, the Protected Person:**

9. In the space below, provide any information requested by the Court but not otherwise requested in this form:

10. In the space below, provide any further information, which, in your opinion, the Court may find useful in reviewing the case of the Protected Person:

11. Are you requesting compensation for your services as guardian? YES NO
If you responded with "YES," what is the amount of your request? \$ _____

12. What are the reasonable and necessary expenses you have incurred as guardian \$ _____

[If you listed an amount in this question, attach an itemized listing of your reasonable and necessary expenses.]

STATE OF _____,

COUNTY OF _____, to wit:

I, _____, the guardian named in this report, do hereby certify that the information provided in this **PERIODIC REPORT OF GUARDIAN** is true, correct and complete to the best of my knowledge, information and belief.

Given under my hand this _____ day of _____ [month], _____ [year].

GUARDIAN'S SIGNATURE

The foregoing was taken, subscribed and sworn to before me by the said _____, in my said county and state on this, the _____ day of _____ [month], _____ [year].

Given under my hand and NOTARIAL SEAL.

[AFFIX NOTARIAL SEAL]

NOTARY PUBLIC

My Commission Expires: _____