IN THE CIRCUIT COURT OF MASON COUNTY, WEST VIRGINIA

IN R	E: Case No.: G26-	
ANI	DATE FILED:	
ANT	ALLEGED FROTECTED FERSON	
•·····································	PERIODIC REPORT OF GUARDIAN	
	[West Virginia Code §§ 44A-3-2 and 11]	
	INSTRUCTIONS FOR COMPLETION OF REPORT	
A.	This form is a required submission under West Virginia Code: § 44A-3-2. Pursuant to the provisions of West Virginia Code: § 44A-3-11, the first report of guardian must be completed and filed within six months of your appointment as a guardian, and thereafter by December 31 of each following calendar year. You are also required to file a report of guardian if you resign or are removed from your appointment as a guardian. If the appointment of a guardia is terminated, you are required to file a report unless the Court determines there is no need for a report. The Court may order the filing of additional reports. This report, and any subsequent reports, must be filed with the Circuit Court Clerk on or before the due date above, and also with the fiduciary commissioner or other person to whom the Court may have referred this matter. Failure to file a report of guardian as required by law or by the Court is a misdemeanor criminal offense and can result in a fine of \$100 to \$500 per infraction. The Circuit Clerk is required by law to notify the Court if a required report is not filed or is administratively incomplete.	an ve
В.	If a fiduciary commissioner or other person has been referred this matter by the Court, you must provide a copy of this report to him/her. The fiduciary commissioner or other person is responsible for reviewing the report, may request additional information from you, and is required by law to notify the Court or mental hygiene commissioner if any questions or discrepancies appear in a report or if a report is not filed when due. The Court or mental hygiene commissioner may take further action including setting a hearing on the matter.	i
C.	All information provided in this report must be printed or typed and be clearly readable.	
D.	All information requested $MUST$ be provided, if know. If unknown, you must state it is unknown.	
E.	Please be sure you read and answer all questions carefully and in as much detail as possible.	
F.	Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable	

PLEASE TURN TO THE NEXT PAGE TO BEGIN REPORT.

question.

ne of Protected Person:		Court Case Number:	-G26-	
ne of Guardian:			Date of Appointment:	
eport is you	: [check any applicable	category]		
rst report	periodic annual re	eport final re	port other report ord	lered by Court
of this report		_covering a time perio	d from	_to
of last report	[if applicable]	cover	ing	to
Describ		's mental, physical a	nd social condition during t	the time period covered
to the state of th	· · · · · · · · · · · · · · · · · · ·			n marana kanana a maka marana a maka kanana a maka kan
	····			
Describ	e the Protected Person	's living arrangement	s during the time period co	vered by this report:
Describ	e the medical, education	onal, vocational and o	other professional services v	
Describ		onal, vocational and o	other professional services v	
Describ	e the medical, education	onal, vocational and o	other professional services v	
Describ	e the medical, education	onal, vocational and o	other professional services v	

Do yo	ou agree with the current treatment and/or habilitation plan for the Protected Person? Explainse.
What	is your recommendation as to the need for continued guardianship? Explain your response
_	
	ou recommend any changes in the scope of the guardianship? If so, detail the changes amended and explain the reasons for recommending such changes.
	The state of the s
Sumn	narize your visits with, and activities of behalf of, the Protected Person:

9.	form:	any information requested t	by the Court but not o	therwise re	equested in this		
10.	In the space below, provide in reviewing the case of the	-		the Court n	nay find useful		
1.	Are you requesting compensati	ion for your services as guardi	an? YES	□NO			
	If you responded with "YES,"	what is the amount of your rec	quest?	\$			
2.	What are the reasonable and ne	cessary expenses you have in	curred as guardian				
	[If you listed an amount in thi	s question, attach an itemizea	i listing of your reasone	able and ne	cessary expenses.		
тат	T OF						
	E OF						
OUL	NTY OF		o to wit:				
	I,	, the guardi	an named in this report,	do hereby	certify that the		
	nation provided in this PERIODIC edge, information and belief.						
	Given under my hand this	day of	[month]	•	[year].		
	GUARDIAN'S SIGNATURE						
	The foregoing was taken, subscr	ibed and sworn to before me t	by the said				
ту	said county and state on this, the						
	Given under my hand and NOT. IX NOTARIAL SEAL						
		NOTAR	RY PUBLIC				
fv Ca	ommission Expires:						