

GUARDIAN'S ANNUAL REPORT

Court File #: _____

Date of Appointment: The ____ day of _____, 201__

Report period covers: _____, 201__ to
_____, 201__

_____ (name of guardian), Guardian for _____
(name of minor or protected person) (hereinafter, "person") states:

1. The current mental, physical and social condition of the person is:

2. The living arrangements for the person during the reporting period were:

3. The medical, educational, vocational and other professional services provided to the person were:

and the guardian's opinion as to the adequacy of the person's care is:

4. Guardian's visits and activities on person's behalf were:

5. If person is institutionalized, does the guardian agree or disagree with the current treatment or habilitation plan?

_____ Agree _____ Disagree

If the guardian disagrees, explain:

6. Does the guardian recommend that there is a need for continued guardianship of the person?

_____ Yes _____ No

List any recommended changes to the scope of the guardianship:

7. Other information requested by the court or useful in the opinion of the guardian are:

Dated this ____ day of _____, 201__.

Signature of Guardian