

BI-ANNUAL GUARDIANSHIP REPORT

Today's Date: _____

Court: _____

County: _____

City: _____

State: _____

Ward: _____

DOB: _____

Probate Docket No.: _____

Guardian: _____

Date Appointed: _____

1. Has the address of the Ward changed since the last Guardianship report?
___ No ___ Yes

Current Address: _____

2. Is the Ward a resident of an institution, nursing facility, or other residential facility?
___ No ___ Yes

Name of Institution/Facility: _____

3. Health Status of the Ward

A. Physical Condition/Health

Please describe the Ward's level of disability, functional capacity, diagnosis, and treatment:

Has there been a significant change in the Ward's physical health since the last Guardianship report?

No Yes (explain):

Primary Physician: _____

B. Mental and Emotional Health of the Ward

Please describe the Ward's mental and emotional health, diagnosis, and treatment:

Has there been a significant change in the Ward's mental and emotional health since the last Guardianship report?

No Yes (explain):

Physician or Case Manager: _____

4. Financial Resources of the Ward

A. Source/Amount of Income: _____

B. Other Assets: _____

C. Who Manages Resources: _____

D. Financial Changes/Problems

No Yes (explain):

5. Does the Ward have social involvement in the community?

No Yes (explain):

6. Family Involvement of the Ward

A. Does the Ward have contact with his or her family?

No Yes (explain):

B. Are there any problems with the Ward's family relationships?

No Yes (explain):

7. Activities of the Guardian

A. Please describe your contacts with the Ward, including visits, phone calls, letters, etc.:

B. Please describe the Ward's collateral contacts, including contacts with doctors, lawyers, service providers, etc.:

C. Please describe any planning sessions or conferences you attend on behalf of the Ward:

D. Have you encountered any significant problems while acting as the Guardian on behalf of the Ward?

No Yes (explain):

E. Comments:

8. Plans/Recommendations

A. Are there any plans to move the Ward to a less or more restrictive environment?

___No ___Yes (explain):

B. Other Plans/Recommendations:

C. Do you believe the Guardianship is necessary?

___No ___Yes (explain):

Signature: _____

Address: _____

Phone Number: _____

Home: _____

Work: _____