

Name _____
Address _____
City, State, Zip _____
Attorney for:

SUPERIOR COURT OF ARIZONA, PIMA COUNTY

In the Matter of the Guardianship of/
Conservatorship for:

NO.

ANNUAL REPORT OF GUARDIAN

Date of birth:

An Adult.

Name of Ward _____

Date of Birth of Ward _____

Address of Ward _____

Phone Number of Ward _____

Ward's Current Physician _____

Physician address and phone _____

Name(s) of Guardian(s) _____

Address(es) of Guardians(s) _____

Relationship of Guardian(s) to Ward _____

1. Describe the residential situation where the ward lives (private home, boarding home, nursing home, etc.) and list the facility's name, location and phone number _____

Name and phone number of person in charge of residence: _____

What are the provisions made there for the ward's care in terms of daily living needs and recreation? _____

Are you comfortable with the care that is provided to the ward? If not, explain.

2. Does the ward attend any daily activities, work, or training programs, or have any regular weekly outings? If so, please describe them. _____

Do you believe these activities are meeting the ward's needs? Explain. _____

3. Briefly describe the medical care the ward has had in the last year. _____

When was the ward last seen by a physician? (Attach a copy of physician's report if available or if none exists, a summary of the physician's observations on the ward's physical and mental condition is as follows:) _____

What is the ward's current health status? _____

4. Have there been any substantial changes in the ward's mental abilities or health in the last year? If so, please describe them. _____

5. How many times did you visit the ward during the past year? _____ What date did you last see the ward? _____ How would you describe your relationship with the ward? _____

6. Do you believe the ward continues to need a guardian? Please explain. _____

7. Does the ward have assets, property, or annual income in excess of \$10,000.00? If so, who is responsible for this money or property? Explain and list assets. _____

8. Does the ward receive any county services? _____ If so, specify. _____

9. Does the ward receive services from any other source? _____ If so, specify. _____

10. Other comments or information not covered above: _____

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

DATED: _____.

Guardian's Name

Please mail original report to:

Probate Clerk
Superior Court of Arizona
For Pima County
110 West Congress
Tucson, Arizona 85701

A copy of this report must be sent to the following at least fourteen (14) days before the hearing date: the ward, the ward's conservator, the ward's spouse, parents (if the ward is not married), the court-appointed attorney, the guardian's attorney, and other interested persons who have filed demands for notice.

The undersigned, _____, states that a copy of the Annual Report of Guardian as mailed or delivered to the following persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>IDENTITY</u>	<u>MAIL/DELIVERY</u>
<u>DATE</u>			

DATED: _____

Guardian's Name