

THE GUARDIANSHIP OF _____

IN HOUSTON COUNTY, ALABAMA
CASE NO: _____

Guardianship Established: _____
Guardianship (Annual) Report Due: _____

**GUARDIAN OF THE PERSON'S ANNUAL REPORT ON THE
CONDITION OF AN ADULT INCAPACITATED PERSON**

Instructions: Please complete the report as thoroughly as possible. Place a check mark in the appropriate boxes and give details when necessary. Please do not leave blanks. If you are unsure of the information or the information is not available please indicate accordingly. When completed, please return this report to the Probate Court as soon as possible.

A. INFORMATION ABOUT INCAPACITATED PERSON (WARD)

1. Ward's Name: _____
2. Age: _____ Date of Birth: _____
3. Incapacity:
_____ Intellectually Disabled _____ Chronic Mental Illness _____ Alzheimer's Dementia
_____ Stroke _____ Head Injury _____ Other:(describe) _____
4. Residence is: _____ Guardian's Home _____ Ward's Home _____ Nursing Home
5. Name of residence (if Applicable): _____
Address: _____
Phone Number (if any): _____
6. List date Ward moved to present residence: _____
7. Has Ward changed residences within last 12 months: _____ Yes _____ No
If 'Yes', state the reason for the move: _____

B. INFORMATION ABOUT GUARDIAN OF THE PERSON

1. Guardian's Name: _____
2. Physical Address: _____
Mailing Address: _____
E-Mail Address: _____
3. Has the Guardian's address changed in the last year? _____ Yes _____ No
4. Home Phone No.: _____ Work Phone No. _____

5. Relationship to Ward: _____ Family (Relation _____) _____ Friend
_____ No Relation (Volunteer)

C. VISITATION/PHONE CONTACT

1. _____ Does _____ Does Not live with Guardian.
(If the Ward 'does' live with the Guardian, you may skip the rest of section 'C')
2. List date of your last personal visit _____
If you have not visited the Ward frequently, have you had telephone contact? ___ Yes ___ No
3. How often is telephone contact: _____
4. List date of last telephone contact: _____
5. Who is the main telephone contact? _____

D. INFORMATION ABOUT WARD'S MEDICATION

1. During the past year, Ward's **mental health** has:
_____ Remained the same _____ Improved _____ Deteriorated
Describe: _____

2. During the past year, Ward's **physical health** has:
Describe: _____

3. During the past year, Ward has been treated or evaluated by the following:
Physician's Name: _____
Describe: _____
Psychiatrist's or Psychologist's Name: _____
Describe: _____
Social or other Case Worker's Name: _____
Describe: _____
Dentist's Name: _____
Describe: _____
Other Name: _____
Describe: _____
4. Does Ward have a primary doctor? _____ Yes _____ No
Primary Doctor's Name: _____
Address: _____
Telephone: _____
5. I believe my Ward has the following unmet medical needs: _____

6. What is being done to address these unmet needs? _____

E. INFORMATION ABOUT WARD'S SOCIAL CONDITIONS

1. During the past year, ward engaged in the following activities: (Describe)
_____ Recreational: _____
_____ Educational: _____
_____ Social: _____
_____ Occupational: _____
_____ None Available: _____
_____ Ward refuses or is unable to participate: _____
2. What accomplishments, successes, goals, if any has the Ward achieved this year? _____

3. I believe my Ward has the following **unmet social needs**: _____

4. What is being done to address these unmet needs? _____

F. INFORMATION ABOUT WARD'S LIVING CONDITIONS

1. I rate my Ward's living arrangements as: (check one)
_____ Excellent _____ Average _____ Below Average
If 'Below Average' is marked, please explain: _____

2. I believe my Ward is: _____ Content _____ Unhappy with his /her living arrangements.
3. I believe my Ward has the following **unmet basic needs**: _____

4. What is being done to address these unmet needs? _____

G. INFORMATION ABOUT WARD'S ASSETS AND INCOME

1. Does the Ward have a Conservator of the Estate? _____ Yes _____ No
2. Does the Ward have a Trust Account? _____ Yes _____ No
3. Does Ward receive Supplemental Security Income (SSI) _____ Yes _____ No
If "Yes," how much per month? \$ _____
List name of Payee: _____
4. Does Ward receive Social Security benefits? _____ Yes _____ No
If "Yes," how much per month? \$ _____
List name of Payee: _____

5. List source and amount of any other benefits you receive on Ward's behalf: _____

6. List any assets of Ward, other than personal effects, that you possess and that you have not listed on Guardian of the Estate's Annual Account: _____

7. Do you handle Ward's assets using a Power of Attorney? _____ Yes _____ No
If "Yes," please attach a copy of Power of Attorney to this Annual Report.

H. ADDITIONAL INFORMATION

1. Has Ward regained capacity to make decisions as would a reasonable prudent person in any of the areas over which you have been given power to make decisions for Ward as Guardian?
_____ Yes _____ No
If "Yes," please describe: _____

2. My **powers** as Guardian should:
_____ Remain the same
_____ be decreased as follows: _____
_____ be increased as follows: _____
3. I believe the Court should be aware of the following **additional information** that concerns my Ward: _____

****NOTE:** Please attach a **recent photograph** of the Ward to this Annual Report**

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

Dated this _____ day of _____, _____.

Signature of Guardian

Signature of Co-Guardian (if applicable)