

Name: _____

Mailing Address: _____

Daytime Telephone _____

Representing Self, Without a Lawyer

IN THE SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Guardianship of:

GC _____ Div. _____

ANNUAL REPORT OF GUARDIAN

_____ an Adult.

GUARDIANSHIP OF AN ADULT

INSTRUCTIONS TO GUARDIAN: Arizona law (A.R.S. §§14-5209(B)(5) and 14-5315) requires every guardian of an adult or minor ward to advise the court each year regarding their ward. Please complete this report each year on, or just before, the anniversary date of your appointment as guardian. When complete, mail or bring the report to: Probate Registrar, Yavapai County Courthouse, Prescott, AZ 86303, **OR** Probate Registrar, Clerk of Superior Court, 2840 N. Commonwealth Dr., Camp Verde, AZ 86322. You must mail a copy of the report to anyone else who has appeared in the case. This includes the ward's attorney, if the ward is represented by an attorney. If the ward is not represented by an attorney, you must mail a copy to the ward if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary additional pages may be attached.)

I/WE AM/ARE THE GUARDIAN(S) AND MAKE THESE STATEMENTS:

1. This Report covers the period from _____, 20____, to _____, 20____, and is due on _____, 20____.

2. Information about the ward.

Name: _____

Address: _____ Date of Birth _____

_____ Phone: _____

3. **Information about where the ward lives.**

A. Describe the residential situation where the ward lives (private home, boarding home, nursing home, etc.)

B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Facility: _____

Name of Person in Charge or Facility: _____

Address: _____

_____ Phone Number: _____

4. Information about the ward's Doctor.

Ward's current doctor: _____

Address: _____

Phone Number: _____

5. Information about the ward's physical and mental health.

A. Date the ward was last seen by a doctor: _____

B. Changes in ward's health. Have there been any major changes in the ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the ward's current physical and mental condition.

6. Information about the ward's Guardian(s).

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

7. Information about the Guardianship.

Number of times the Guardian(s) has/have seen the ward in the last 12 months: _____

Date of the last visit: _____

Your opinion(s) about whether the guardianship should continue: (Explain.)

(Attach pages with additional information, if necessary.)

8. Information about the person responsible for managing the ward's assets, if any:

Name of person responsible for managing ward's assets: _____

Address: _____

Phone Number: _____

9. Information about State, County or Federal Agency Services: Does the ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the ward.

10. Information about the ward's health insurance.

Is the Ward enrolled in a health insurance plan? [] Yes [] No

If so, list the carrier name and contact information: _____

Signature of Guardian

Signature of Guardian

Print Guardian's Name

Print Guardian's Name

Date

Date

AFFIDAVIT OF MAILING: I state that I mailed this Annual Report of Guardian to the following people at the following addresses on this date: _____.

Signature of Person Mailing Document

Print Person's Name

OATH AND VERIFICATION

STATE OF _____)

)

County of _____) ss.

I, the undersigned, being duly sworn and under oath, state that I have read, understood and completed the above statements and any attached document. Everything I have said is true and correct to the best of my knowledge, information and belief.

Signature

Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____,
20____, by _____.

My Commission Expires:

Notary Public