

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

GUARDIANSHIP OF A MINOR

_____ a Minor.

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. Unless otherwise ordered by the Court, Annual Report of Guardian shall cover the time from the ending date of the most recent previously filed Annual Report of Guardian through and including the last date of the twelfth month thereafter.

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, 120 S. Cortez, Prescott AZ 86303 **OR** Probate Registrar, Clerk of Superior Court, 2840 N. Commonwealth Dr., Camp Verde AZ 86323. You must also mail a copy of the report to the following people: the Ward, if s/he is at least 14; the Ward's conservator, if any; the Ward's attorney, if any; any person who has filed a demand for notice with the court, and; the Ward's parent(s). 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 AM/WE 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, etc.)

Has anyone living with the Ward ever been convicted of a felony, or adjudicated a delinquent child? [] Yes [] No

If so, who? _____

Describe briefly: _____

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

Name of Person in Charge of Facility _____

Address _____

Phone Number: _____

4. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Address: _____

Phone Number: _____

5. Information about other court proceedings.

Have any proceedings for adoption, custody, or dependency been commenced during the past year?

Yes No If yes, please provide the case number: _____

Have any Orders for adoption, custody, or dependency been entered by a Judge during the past year?

Yes No If yes, please provide the case number: _____

6. 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. File an original of the doctor's report about the Ward's current physical and mental condition. Because this is a confidential document, when filing the paper document with Clerk's Office, place the original doctor's report in an envelope that bears the case name and number, the name of the document being filed, the name of the party filing the document, and the phrase "Confidential Document." An Envelope cover Sheet Confidential Document form is included in the packet.

*A separate envelope shall be used for each confidential document.

*A confidential document shall not be maintained as part of the public record of a probate case.

7. Information about the Ward's schooling and development.

Name of school: _____

Address: _____

_____ Phone Number: _____

Describe the progress made by the Ward in school last year: _____

Describe any major developmental changes in the Ward this past year: _____

8. Information about the Ward's Guardian.

Name: _____

Address: _____

_____ Phone Number: _____

9. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.) _____

(Attach pages with additional information, if necessary.)

10. 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: _____

11. 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.

12. 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: _____

13. Information about child support for the Ward.

Have you, as the Ward's guardian, sought child support from the Ward's parents?

[] Yes Case number: _____

[] No Explain briefly: _____

Signature of Guardian

Signature of Co-Guardian

Print Guardian's Name

Print Co-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