

PLEASE COMPLETE THIS FORM IN ENGLISH

ALL INFORMATION IN THIS REPORT IS CONFIDENTIAL

Attorney's Name: _____

Guardian's Name(s): _____

Street Address: _____

Mailing Address: _____

City, State, and Zip: _____

Is this a new address: **YES** **NO**

Telephone Number: _____

ARIZONA SUPERIOR COURT IN COCHISE COUNTY

**In the matter of the Guardianship of/
Conservatorship for:**

Name: (from birth certificate)

Date of birth:

An Adult

Case Number: **GC** _____

ANNUAL REPORT OF GUARDIAN OF AN ADULT

REPORTING PERIOD:

FROM _____ **TO** _____
(last report date) (today's date)

WARNING – READ AND SIGN

By filing this Report with the court, you are stating under penalty of perjury that the statements contained in it are true to the best of your knowledge. If you state facts in this Report that you know to be false, you may be subject to serious penalties. Such penalties may include, but are not limited to, criminal prosecution for perjury, and/or a finding of criminal contempt. Perjury is a felony for which a term of four years in prison may be imposed. A person may be incarcerated for up to four months if found to be in criminal contempt of court.

I/we, _____, **have read the above warning.**

Signed: _____ **Dated:** _____

Signed: _____ **Dated:** _____

I/we, _____ declare under oath and under penalty of perjury:

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(s) 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:

11. A copy of this report must be mailed to the following people at least fourteen (14) days before the hearing date. By providing the information below, you are swearing, under penalty of perjury, that a copy of the Annual Report of Guardian of an Adult was mailed or delivered to the following persons:

Person	Name	Address	Date of Mailing or Delivery
The ward			
The ward's conservator			
The ward's spouse			
The ward's parent or parents (if the ward is not married)			
The court-appointed attorney			
The guardian's attorney			
Any other interested person who has filed a demand for notice with the court			

IMPORTANT INFORMATION

Please review the following

- This Annual Report of Guardian is a confidential document, and will be maintained in a file folder separate from the Court case file. The contents of this folder will be made available only to those persons authorized pursuant to Rule 7, Rules of Probate Procedure. The folder will accompany and be filed with the Court case file for each case.**

- Please confirm that you have included your current address information in this report.**

- This Court recommends the ward be evaluated by a physician on an annual basis. Please be sure to include this information in your report.**

DATED: _____

Guardian/Conservator's name (Please print)

DATED: _____

Guardian/Conservator's name (Please print)

Mail or deliver original report to:

**Probate Court Administration:
MARY ELLEN DUNLAP
Clerk of the Superior Court
100 Quality Hill
P.O. Box CK
Bisbee, AZ 85603**