

RE: _____)
)
Name of Adult Ward _____)
)
)
)
Printed Name of Guardian(s) _____)

FILE NO.: _____

DUE DATE: _____

PRESENT AGE: _____

DATE OF BIRTH: _____

The following is a true and complete reporting concerning the above incapacitated adult covering the period from _____ to _____, 20____.

- _____

- The Guardian's current address is: _____
 _____ and telephone
 number is: _____.

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4. A specific description of my ward's needs is: _____

5. My recommendations for any alteration in the guardianship order
are: _____

FINANCIAL REPORTING (check all that apply)

☐ I/We also serve as Conservator (s) for the adult ward. If so, my/our accounting for the current year is:

☐ Filed simultaneously with this report.

☐ Was filed earlier on this date: _____

☐ Not due yet, but will be filed on this date: _____

☐ Has not been filed yet because: _____

OR

☐ I/We do not serve as Conservator for the adult ward

☐ I/We have not received funds for the support, care, education, health and welfare of the adult ward.

☐ I/We have received support: Please list a description of the amount(s) and expenditures of all such funds received during the reporting period: _____

VERIFICATION

The answers to the foregoing questions and the information provided with regard to the adult ward are true and correct to the best of my knowledge and belief and are hereby made under oath.

Guardian/Conservator Signature

Guardian/Conservator Signature

Printed Name of Guardian/Conservator

Printed Name of Guardian/Conservator

Sworn to and subscribed before me
This ____ day of _____, 20____.

Sworn to and subscribed before me
This ____ day of _____, 20____.

Notary Public/Probate Court Clerk
My commission expires: _____

Notary Public / Probate Court Clerk
My commission expires: _____