

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)