

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP

In the Matter of:

Case No: _____

A Child.

**GUARDIAN'S ANNUAL REPORT
SUMMARY SHEET**

I am the guardian for the child. I am submitting the attached Guardian's Report, dated _____,
to comply with my annual reporting requirement.

_____, 20_____
Date

Signature of Guardian

Print Name of Guardian

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP

In the Matter of:

Case No: _____

GUARDIAN'S ANNUAL REPORT

A Child.

GUARDIAN'S INFORMATION

Name (please print)

Address (Street Address, City, State, Zip)

Telephone or Contact Number (including area code)

INFORMATION REGARDING THE CHILD SINCE THE LAST REPORT:

1. The child currently resides with me in my home or as follows:

a. With (*name*): _____

b. Address: _____

c. Contact Phone (include area code): _____

d. Since (date): _____

e. Explanation of why the child is not living with me: _____

2. The child's **physical** condition is as follows:

a. Names of doctors or health care providers the children have seen in the past year: _____

b. Medical treatment or reason(s) for a hospital/ medical visits during the last year: _____

3. The child's **emotional and mental** condition is as follows:

a. Names of psychologists, psychiatrists, counselor or therapists the child has seen in the past year: _____

b. Treatment or reasons for the counseling or therapy during the last year: _____

4. The child's **dental** condition is as follows:

a. Names of dentists or health care providers the children have seen in the last year for dental care:

b. Services or reasons for the dental treatment or visit provided during the last year: _____

5. The child is currently engaged in the following **non-school related programs and activities**: _____

a. The child has enjoyed the following **hobbies or recreational interests** during the past year: _____

6. The child's **school attendance and performance** during the last year are as follows: (Attach a copy of the child's most recent report card to this report.)

7. The child experienced the following **achievements and/or special challenges** during the last year:

8. FAMILY CONTACT:

a. The **parents** visited or attempted to contact the child during the past year as follows: _____

b. The child reacted to the visits or contact attempts as follows: _____

c. I have the following issues of concern related to contact with the parent(s): _____

d. The child had the following contact with **siblings or other family** members:

9. I MADE THE FOLLOWING MAJOR DECISIONS ON BEHALF OF THE CHILD DURING THE PAST YEAR

Since my last report I, or other members of the household: (include names)

10. had a driver's license revoked or suspended. (explain): _____

11. been convicted of the any following crimes. **not** including traffic violations). (*list the crime and person convicted*) : _____

12. filed for or received protection from creditors (*explain*) _____

13. had a professional or occupational license revoked or suspended (*explain*) _____

14. I delegated powers over the child as follows:

a. Name of person delegated to: _____

b. Powers delegated: _____

I believe the guardianship should should not continue because: _____

I ask the court to schedule a hearing to review the guardianship (*explain*): _____

Certificate of Document Preparation. Check all that apply:

- I chose this form for myself and completed it without paid help.
- A legal help organization helped me choose or complete this form, but I did not pay money to anyone.
- I paid (or will pay) _____ for help choosing, completing, or reviewing this form.

I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use in court and I am subject to penalty for perjury.

Date

Guardian's Signature

Name (printed)