

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH  
Probate Department

In the Matter of the Guardianship of )	)	Case No.
_____ )	)	
(Enter name of Protected Adult or Minor) )	)	ANNUAL REPORT OF GUARDIAN
	)	FOR PERIOD ENDING:
	)	_____
	)	(End Date)

Birth Date of Protected Person: \_\_\_\_\_

***(Note on completing form: Please answer each question every year; add additional sheets if necessary. Do not leave any blanks, and do not duplicate completed form from prior years.)***

I/we are the guardian(s) for the person named above and make the following report as required by ORS 125.325. ***(Note: a separate report must be filed for each protected person.)***

1. Name and Contact information for each guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

2. The name (if applicable) and address of the place where the protected person now resides is:

\_\_\_\_\_  
\_\_\_\_\_

3. The protected person is currently residing at the following type of facility or residence:

\_\_\_\_\_  
\_\_\_\_\_

4. The name of the individual primarily responsible for the care of the protected person at the protected person's place of residence is:

\_\_\_\_\_

5. The name and address of any hospital or other institution where protected person is now admitted or has been admitted (on a temporary or permanent basis) is:

\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the protected person's physical condition:

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7. Please describe the protected person's mental condition:

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8. Please describe the contacts you made with the protected person during the past year:

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9. Please describe major decisions made on the protected person's behalf during the past year:

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10. The protected person is currently engaged in the following programs and activities and receiving the following services (brief description):

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11. Since my last report, I have delegated the following powers over the protected person for the following periods of time:

Name of Person: \_\_\_\_\_

Powers delegated: \_\_\_\_\_

Period(s) of time: \_\_\_\_\_

12. I was paid for providing the following items of lodging, food or other services to the protected person:

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13. Should the guardianship continue? (Circle one) **YES NO** Describe why, or why not:

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14. At the time of my last report, I held the following amount of money on behalf of the protected person: \$ \_\_\_\_\_  
 Since my last report, I received the following amount of money on behalf of the person: \$ \_\_\_\_\_  
 The source of this money was \_\_\_\_\_  
 I spent the following amount of money on behalf of the person: \$ \_\_\_\_\_  
 I now hold the following amount of money on behalf of the person: \$ \_\_\_\_\_

**15. I HEREBY CERTIFY THAT SINCE MY LAST REPORT:**

- A. I have been convicted of the following crimes (not including traffic infractions):  
 (If none, so state) \_\_\_\_\_
- B. I have filed for or received protection from creditors under the Federal Bankruptcy code:  
 No \_\_\_\_ If Yes, Bankruptcy Case No. and brief explanation: \_\_\_\_\_
- C. I have had a professional or occupational license revoked or suspended:  
 No \_\_\_\_ If Yes, explain: \_\_\_\_\_
- D. I have had my driver's license revoked or suspended:  
 No \_\_\_\_ If Yes, explain: \_\_\_\_\_

**I HEREBY CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN OR MAILED TO THE PROTECTED PERSON OR MINOR (IF 14 YEARS OF AGE OR OLDER).**

**I FURTHER CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN TO ANY CONSERVATOR FOR THE PERSON AND TO ALL INDIVIDUALS WHO ARE ENTITLED TO NOTICE, OR WHO HAVE REQUESTED NOTICE, AS FOLLOWS:**

<u>PERSON</u>	<u>By Personal Service or by Mail at:</u>	<u>Date served/mailed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**I hereby declare that the above report is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

DATED: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF GUARDIAN

**I hereby declare that the above report is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.**

DATED: \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE OF CO-GUARDIAN