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

In the Matter of the Guardianship of	)	
	)	Case No. _____
	)	
_____	)	
(Enter name of protected person)	)	

GUARDIAN'S REPORT

I am the guardian for the person named above, and I make the following report to the Court as required by law:

1. My name is _____
2. My address and telephone number are:_____
   _____
   Phone No. _____
3. The name, if applicable, and address of the place where the person now resides are:
   _____
   _____
4. The person is currently residing at the following type of facility or residence:
   _____
   _____
5. The person is currently engaged in the following programs and activities and receiving The following services (brief description):_____
   _____
6. I was paid for providing the following items of lodging, food or other services to the person:_____
   _____
7. The name of the person primarily responsible for the care of the person at the person's place of residence is:_____
8. The name and address of any hospital or other institution where the person is now admitted on a temporary or permanent basis are:_____
   _____
9. The person's physical condition is as follows:_____
   _____
10. The person's mental condition is as follows:_____
    _____

11. I made the following contacts with the person during the past year (brief description):_____
_____

12. I made the following major decisions on behalf of the person during the past year (brief description):_____
_____

13. I believe the guardianship should or should not continue because:_____
_____

14. At the time of my last report, I held the following amount of money on behalf of the person: $_____. Since my last report, I have received the following amount of money on behalf of the person: $_____. 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. A true copy of this report will be given to the person, any conservator for the person and any other person who has requested notice.

16. Since my last report:
    (A) I have been convicted of the following crimes (not including traffic infractions):
    _____
    (B) I have filed for or received protections from creditors under the Federal Bankruptcy Code (Yes or No) _____.
    (C) I have had a professional or occupational license revoked or suspended (Yes or No)_____.
    (D) I have had my driver license revoked or suspended (Yes or No)_____.

17. Since my last report, I have delegated the following powers over the protected person for the following periods of time (provide name of person powers delegated to):_____
_____

Dated this _____day of _____, 20____.

_____
Guardian

STATE OF OREGON)
)ss
County of Polk)

I, _____(guardian's name), being first duly sworn, say that the above statements are true.

_____
(Guardian's signature)

SUBSCRIBED AND SWORN TO before me this _____day of _____, 20_____.

_____
Notary Public for Oregon
My commission expires:_____