



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 (brief description): \_\_\_\_\_

---

---

10. The person's mental condition is as follows (brief description): \_\_\_\_\_

---

---

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: \_\_\_\_\_

---

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 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 protection from creditors under the Federal Bankruptcy Code.  Yes  No

(c) I have had a professional or occupational license revoked or suspended.  Yes  No

(d) I have had my driver license revoked or suspended.  Yes  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): \_\_\_\_\_

---

I hereby declare that the above statement 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Guardian