

In the Matter of \_\_\_\_\_

An Incapacitated Adult.

1. I, \_\_\_\_\_ am the guardian of the person of the above named adult and my personal status report is as follows:

2. Present age of the adult \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Living Arrangement

a. Current address of the adult: \_\_\_\_\_

The adults residence is: \_\_\_\_\_

b. The adult has been in residence since, \_\_\_\_\_. If moved within the past year, state changes, and reason for change: \_\_\_\_\_

c. I rate the adults living arrangement as \_\_\_\_\_ **Excellent** \_\_\_\_\_ **Average** \_\_\_\_\_ **Below average**

Explain: \_\_\_\_\_

e. I believe the adult is: \_\_\_\_\_ **Content** \_\_\_\_\_ **Unhappy** with living situation.

f. I recommend a more suitable living arrangement for the adult as follows: \_\_\_\_\_

\_\_\_\_\_

4. Physical health

a. The adult's current physical condition is \_\_\_\_\_ **excellent** \_\_\_\_\_ **good** \_\_\_\_\_ **fair** \_\_\_\_\_ **poor**

b. During the past year the adults physical condition has:

\_\_\_\_\_ remained about the same. Explain: \_\_\_\_\_

\_\_\_\_\_ **Improved**

\_\_\_\_\_ **Worsened.**

c. During the past year the adult received the following medical treatment (including check ups and dental work)

Date	Ailment	Type of Treatment	Status	Doctor's name
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5. Mental Health

a. The adults current mental condition is \_\_\_\_\_ **Excellent** \_\_\_\_\_ **good** \_\_\_\_\_ **fair** \_\_\_\_\_ **poor**

b. During the past year the adults mental condition has:

\_\_\_\_\_ remained about the same.

\_\_\_\_\_ **Improved**

\_\_\_\_\_ **Worsened** Explain: \_\_\_\_\_

c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker:

\_\_\_\_\_ was \_\_\_\_\_ **was not provided.**

6. Social Activities/Services

a. The adults current social condition is \_\_\_\_\_ **Excellent** \_\_\_\_\_ **good** \_\_\_\_\_ **fair** \_\_\_\_\_ **poor**

b. During the past year the adult's social condition has:

\_\_\_\_\_ remained about the same.

\_\_\_\_\_ **Improved**

\_\_\_\_\_ **Worsened** Explain: \_\_\_\_\_

\_\_\_\_\_

b. During the past year she has participated in the following activities:

Recreational

Educational

Social Explain: \_\_\_\_\_

well.

Occupational

No activities available

The Adult refuses to participate in any activities. Explain: \_\_\_\_\_

The Adult was unable to participate in any activities.

7. List of Visits

a. During the year I visit the Adult as follows: \_\_\_\_\_

b. The average amount of time I spend on each visit was: \_\_\_\_\_

c. The last time I visited the adult was on: \_\_\_\_\_

8. Activities

During the following year, I performed the following activities on behalf of the adult: \_\_\_\_\_

9. I believe the adult has the following unmet needs (If any): \_\_\_\_\_

10. The guardianship  should  should not be continued because: \_\_\_\_\_

11. Is the adult capable of expressing any opinions about the guardianship proceedings, the adult's personal needs, or your service as a guardian?  yes  no \_\_\_\_\_

12. I  do  do not have possession or control of the adult's estate. If yes, my accounting is filed separately.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Area code and Telephone Number