

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