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

In the Matter of the Guardianship of:	)	
	)	Case No. _____
	)	
	)	ANNUAL REPORT OF GUARDIAN
_____	)	
Name of Protected Person	)	_____

Note on completing form: Please answer each question every year and add additional pages if necessary. Do not leave any questions unanswered and do not duplicate a completed form from prior years. A separate report must be filed for each protected person and all co-guardians must sign the report.

This form may be submitted electronically through the court's electronic filing system. Please see the instructions: If you have access to the internet, please see this link to create an account and electronically file your documents (for free unless a filing fee is required due to the type of document being submitted):
https://www.courts.oregon.gov/services/online/Pages/efile.aspx
The filing code for guardian report is REGD and there is not a filing fee for this document. Be sure to carefully monitor your email address because if documents are rejected (e.g. if the documents are unsigned), you will be notified through the electronic filing system with further instructions. If you use the electronic filing system, it is your responsibility to make sure your documents are filed and accepted. You may review the case summary on the court website here:
https://webportal.courts.oregon.gov/portal/Home/Dashboard/29
If you have questions about how to use the electronic filing system, please contact Tyler Technologies at 1-800-297-5377 for technical support.

I am the guardian for the person named above and make the following report as required by law.

1. My name is (include names of all guardians, if there are more than one):

_____

_____

2. My address, telephone number, and email are (include complete contact information for all guardians, if different guardians have different addresses, phone numbers or emails):

_____

_____

_____

_____

I would like to receive hearing notices by email instead of by mail: Yes _____ No _____

NOTE ON ELECTRONIC NOTICE: If you request electronic notices, then you MUST update the court immediately if your email address changes. Electronic court notifications are sent only when court process and staffing allow it. You may sometimes still get notice by U.S. Mail instead of email.

3. The name, if applicable, and address of the place where the person now resides are:

_____

_____

_____

_____

4. If the person's residence is not a single-family home, then write a description of the facility or living space:

_____

_____

_____

5. The protected person's address is in Clackamas County: Yes ____ No ____.

6. If the protected person no longer lives in Clackamas County, then:

___ I request a transfer of this case to the county where the protected person lives, and I will file court paperwork to request the transfer within the next thirty days or with this guardian report.

If you request a transfer, there are five forms on the court website that may be useful to transfer your case – especially if the transfer is to another Oregon court, and not out of state. The court forms are available at: https://www.courts.oregon.gov/courts/clackamas/help/Pages/probate-foms.aspx. The court does not supply forms for state to state transfers. For a transfer to a different state, you should speak to an attorney or do legal research.

(or)

___ I request that Clackamas keep jurisdiction of this case because:

___ The protected person is only placed at the new location temporarily and is expected to return to Clackamas County on _____.

___ The protected person receives the following services in Clackamas County and will continue to do so:

_____

_____

_____

_____

___ It is in the best interest of the protected person to remain in Clackamas County because:

_____

_____

_____

_____

_____

_____

___ Other information I would like the Judge to consider in keeping jurisdiction in Clackamas County:

_____

_____

_____

_____

7. The person is currently in the following programs and/or activities and receives the following services (give a brief description):

_____

_____

_____

_____

_____

8. I was paid for providing services to the person: Yes ____ No____.

9. Please check all options that apply to you.

_____ a) I have a court order in this file that allows me to be paid $_____ per month from the protected person's social security.

_____ b) If I do not have a court order, then I understand that ORS 125.320(2) and ORS 125.315(1)(f) require me to either file for court approval at the same time I file this report, or within thirty days after. (Your request must be filed at the same time as this report unless you plan to hire an attorney to help you with this process. *There are five forms on the court website that may be useful to get court approval of room and board payments. See the probate forms link above.)*

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

_____

11. The name and address of any hospital or other institution where the person is now admitted on a temporary or permanent basis are:

_____

_____

_____

_____

12. Briefly describe the person's physical condition at the present time:

_____

_____

_____

_____

_____

13. Briefly describe the person's mental condition at the present time:

_____

_____

_____

_____

14. Facts that support the conclusion that the person is still incapacitated include the following:

_____

_____

_____

_____

15. These are the ways I interacted with and communicated with the person during the past year (brief description must include how many interactions/communications you had with the person):

_____

_____

_____

_____

16. I limited the person's communications or interactions with _____ (Specifically name any limitations and briefly describe the limitation including the name of the individuals, their relationship to the protected person, and the reason for limitation):

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

18. I believe the guardianship should or should not continue because:

_____

_____

_____

If you request closure of the guardianship, there are three forms on the court website that may be useful to close your case. See the probate forms link above.

19. 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: $_____

20. 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.

If anyone was given a copy in addition to the people listed in this question, fill in this information:

Name of Person Served	By Personal Service or by Mail at:	Date Served/Mailed

21. After I completed the last annual report I filed in this case:

a. I was convicted of the following crime(s) (this does not include minor traffic infractions):

_____

b. I filed for or received protection from creditors under the Federal Bankruptcy Code:
(yes or no, and if yes, the case number for the bankruptcy action):

_____

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): _____

22. After I completed the last annual report I filed in this case, I 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 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

FOR COURT USE ONLY

APPROVED:_____

NOTICE: ANY PERSON INTERESTED IN THE AFFAIRS OR WELFARE OF THE PROTECTED PERSON WHO IS THE SUBJECT OF THIS REPORT WHO HAS CONCERNS ABOUT THIS REPORT OR THE GUARDIAN'S PERFORMANCE MAY CONTACT THE COURT AS FOLLOWS:

Concerns about this report or guardian's/co-guardians' performance may be filed in writing with the Clackamas County Circuit Court or filed electronically at eFile - Landing Page.

Unless formally appearing as an objector in this proceeding, written concerns may not automatically cause a hearing to be set. Any Court action in response to informal concerns will be at the discretion of a probate judge.