

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

In the Matter of:

Case No: _____

GUARDIAN'S ANNUAL REPORT

Protected Person

☐ FINAL REPORT

Guardian's Information:

Name: _____

Address: _____

Phone: _____

Information regarding Protected Person since the last report:

1. Protected Person's current residence:

a. Name (if applicable): _____

b. Address: _____

c. Type of facility or residence: _____

d. Name of the person at the residence who is primarily responsible for care of
Protected Person: _____

e. Name and address of any hospital or other institution where Protected Person is
now admitted on a temporary or permanent basis:

2. Protected Person is currently engaged in the following programs and activities and
receiving the following services:

3. I made the following contacts with Protected Person during the past year (*date and
description*):

4. Protected Person's physical condition is (brief description):

5. Protected Person's mental condition is (brief description):

6. Specific facts that support the conclusion that Protected Person is incapacitated include: _

7. I was paid for providing the following items of lodging, food, or other services to Protected Person:

8. I made the following major decisions on behalf of Protected Person during the past year:

9. I limited Protected Person's association with the following persons:
(List the names of any restricted contacts and describe the limitations)

10. Finances - Money received or spent **on behalf of** Protected Person
(please attach an itemized account for any amounts received or spent)

a. At the time of my last report I held \$ _____ on behalf of Protected Person

b. I received the following amount of money: _____

c. I spent the following amount of money: _____

d. I now hold the following amount of money: _____

11. ☐ I, or other members of my household, have been convicted of the following crimes (**not** including traffic violations): (*include the name of the applicable person*): _____

12. ☐ I have filed for or received bankruptcy protection from creditors (*explain*): _____

13. ☐ I have had a professional or occupational license revoked or suspended (*explain*): _____

14. ☐ I have had my driver's license revoked or suspended (*explain*): _____

15. ☐ I was removed as a guardian, conservator, or trustee in another case (*case number and description of removal*): _____

16. ☐ I have delegated powers over Protected Person as follows:
a. To (*name*): _____
b. Powers delegated: _____
c. For how long: _____

I believe the guardianship ☐ should ☐ should not continue because: _____

- ☐ I have given or will give a copy of this report to all required parties listed in ORS 125.060(3):
- Protected Person (if 14 years of age or older)
 - Any person who has filed a request for notice in this case
 - Any fiduciary who has been appointed for Protected Person
 - If Protected Person is receiving money paid or payable by the United States through the Department of Veterans Affairs (DVA), a representative of the DVA regional office that has responsibility for the payments to Protected Person
 - If Protected Person is committed to the legal and physical custody of the Department of Corrections, the Attorney General and the superintendent or other officer in charge of the facility where Protected Person is confined

➤ Any other person the court requires

**I hereby declare that the above statements are true to the best of my knowledge and belief.
I understand they are made for use in court and I am subject to penalty for perjury.**

Date

Signature

Name (printed)

Co-guardian:

Date

Signature

Name (printed)

Address

City, State, ZIP

Phone

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:

COURT INFORMATION: (*GUARDIAN: You must complete the information below*)

County Name:	
Court Address:	
Court Phone:	