

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
PO Box 835 Astoria Oregon 97103

In the Matter of:

Case No:

_____,
A Child.

**GUARDIAN'S ANNUAL REPORT
SUMMARY SHEET**

I am the guardian for the child. I am submitting the attached Guardian's Report, dated _____,
to comply with my annual reporting requirement.

_____, 20_____
Date

Signature of Guardian

Print Name of Guardian

In the Matter of:

Case No:

**GUARDIAN'S REPORT FOR
MINOR PROTECTED PERSONS**

_____,
(Name of Protected Person) Minor Protected Person

☐ ANNUAL REPORT
☐ FINAL REPORT

Guardian's Information: (If co-guardians, include contact information for both)

Name: _____

Address (include city, state, zip): _____

☐ This is a new address since my last filing

Phone (include area code): _____

Email Address: _____

I was appointed by court order dated: _____

This report covers the 1 year from (date) _____, to _____, for this
Guardianship

Information regarding the child since the last report:

1. The child currently lives ☐ with me in my home, **or** ☐ as follows:

a. With (name of person primarily responsible for child's care): _____

Address (include city, state, zip): _____

☐ This is a new address since my last filing

b. Contact Phone (include area code): _____

c. Since (date): _____

d. Is this residence a facility?

☐ Yes. Facility Name: _____

☐ No

e. Explanation of why the child is not living with me: _____

- f. If the child is not living with you, describe the contacts with the child during the past year including the manner and frequency: _____

2. Child's Health

- a. How is the child's physical health? _____

- b. How is the child's emotional/mental/behavioral health? _____

- c. The child's dental condition is as follows:

- d. The names of any healthcare providers the child has seen in the past year:

- e. Reasons for any medical treatment/hospital visits during the past year:

3. How is the child doing in school? (*grades, progress, attendance, etc.*): _____

- a. Child's current grade in school _____

- b. Is the child receiving additional educational services and support? ☐ Yes ☐ No

If Yes, please describe additional educational services and support _____

- c. What activities is the child involved in after school? _____

4. Have there been significant changes or events in the child's life in the past year? _____

5. I made the following major decisions on behalf of the child during the past year: _____

6. Since my last report, I gave the following decision-making powers over the child to
 _____ from _____ to _____
(name of person whom powers were given) (month/year to month/year)
 for the following reasons: _____

7. I limited and/or encouraged the child's contacts or associations with the child's parents
 or following persons *(list the names of any contacts and describe)*: _____

8. Finances of the minor protected person *(money received and spent **on behalf of the** child)*:
 - a. At the time of my last report, I held \$_____ on behalf of the child
 - b. On behalf of the child, I received the following amount of money **for the year**:
 \$_____ from *(source)* _____
 - c. On behalf of the child, I spent the following amount of money **for the year**:
 \$_____
 - d. I now hold the following amount of money: \$_____ on behalf of the child
 - e. The court has authorized payment of \$_____ from the child's funds to
 provide *(room, board, etc.)* _____ by court order
 dated _____. Of the total amount authorized by the court, I
 spent \$_____ to provide _____

9. I believe the guardianship:

☐ **should continue.** The child is under 18 years old and still needs a guardian because:

☐ **should not continue** because the child is now older than 18 years old and no longer needs a guardian

☐ **should not continue** because circumstances have changed in the following ways:

10. Since my last report:

a. I ☐ have **or** ☐ have not been convicted of a crime (*not including traffic violations*)

b. I ☐ have **or** ☐ have not filed for or received protection from creditors under the Federal Bankruptcy Code

c. I ☐ have **or** ☐ have not had a professional or occupational license revoked or suspended

d. I ☐ have **or** ☐ have not had my driver license revoked or suspended

e. I ☐ have **or** ☐ have not been removed as a guardian, conservator, or trustee in Case No.: _____ (*If prior removal, please explain*)

If you answered yes to any of the above, please explain: _____

11. Other information relevant to the guardianship that the court should know (*use additional pages if necessary*): _____

12. A true copy of this report has been given to the child (*if age 14 or over*), and mailed to any conservator for the child, any person who has requested notice in this matter, and any additional parties required to receive notice in ORS 125.060(3)

☐ I am requesting the court schedule a hearing on the guardianship to discuss the following: _____

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:	