

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF KLAMATH**

In the Matter of the Guardianship of: _____) Case Number: _____
_____)
_____,) **GUARDIAN'S ANNUAL**
_____) **REPORT – ADULT**
Respondent.) **GUARDIANSHIP**
_____)

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

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

8. 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:

Since my last report, I have or a member of my household has:

9. Had a driver's license revoked or suspended (*explain*):

10. Been convicted of the following crimes, **not** including traffic violations (*list the crime and person convicted*):

11. Filed for or received protection from creditors (*explain*):

12. Had a professional or occupational license revoked or suspended (*explain*):

13. 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;
- Any other person the court requires.

I hereby declare that the above statements are true and complete 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.

DATED: _____, 20____.

Petitioner's Signature

Print Name

Address

City, State, Zip

Telephone

Email and Fax (if any)