

**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 – MINOR**  
Respondent. ) **GUARDIANSHIP**  
\_\_\_\_\_ )

Guardian’s Information:

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_  
\_\_\_\_\_
- c. Phone: \_\_\_\_\_

Information Regarding the Child Since the Last Report:

- 1. The child’s **physical** condition is as follows: (*brief description*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Names of doctors or health care providers the child has seen in the past year:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Medical treatment of reasons for hospital/medical visits during the last year:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. The child’s **emotional and mental** condition is as follows: (*brief description*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Names of psychologists, psychiatrists, counselors, or therapists the child has seen in the past year:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Treatment or reasons for counseling or therapy during the last year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The child's dental condition is as follows: *(brief description)*:

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a. Names of dentists or dental care providers the child has seen in the past year:

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b. Services or reasons for dental treatment or visits during the last year:

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4. The child is currently engaged in the following **non-school related programs and activities**:

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a. The child has enjoyed the following **hobbies or recreational interests** during the past year:

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5. The child's **school attendance and performance** are as follows:

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6. The child experienced the following **activities, achievements** and/or **special challenges** during the last year:

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

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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 delegated powers over the child as follows:  
a. Name of person delegated to: \_\_\_\_\_  
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)