

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF LINN
PO Box 1749 Albany Oregon 97321
541-967-3845 www.courts.oregon.gov/courts/linn

In the Matter of:

Case No:

GUARDIAN'S ANNUAL REPORT

Guardian's Information:

Name:
Address:
Phone:

Information regarding Protected Person since the last report (include first and last name):

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

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

3. I made the following contacts with _____ during the past year
(brief description):

4. _____ physical condition is (brief description):

5. _____ mental condition is (brief description):

6. Facts that support the conclusion that _____ is incapacitated include:

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

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

9. **Finances** - Money received or spent **on behalf of** _____
(please attach an itemized account for any amounts received or spent)
a. I received the following amount of money: _____
b. I spent the following amount of money: _____
c. I now hold the following amount of money: _____

10. 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)* : _____

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

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

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

14. I have delegated powers over _____ as follows:

a. To (*name*): _____

b. Powers delegated: _____

c. For how long: _____

I believe the guardianship should should not continue because: _____

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)

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:

LINN Circuit Court
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