

MARION COUNTY CIRCUIT COURT
ANNUAL GUARDIAN'S REPORT INSTRUCTIONS

Marion County Circuit Court, Probate Department
PO BOX 12869, Salem, OR. 97309
Ph: (503) 588-5141

An annual Guardian's Report serves to keep the court informed as to the status of the protected person. **ORS 125.325** provides the following: "Within 30 days after each anniversary of appointment, a guardian for an adult protected person shall file with the court a written report. The report must include a declaration under penalty of perjury in the form required by ORCP 1 E, or an unsworn declaration under ORS 194.800 to 194.835, if the declarant is physically outside the boundaries of the United States..."

It is Marion County Circuit Court's policy to require an Annual Guardian's Report for all guardianship matters (including guardianships for minors). If there are co-guardians appointed for the protected person, both co-guardians must file an annual guardian's report -or- file one report signed by both co-guardians.

(Questions 1-5): Please answer each question thoroughly, making sure to include area codes for telephone numbers and complete street addresses (including city, state, and zip code) wherever applicable.

(Question #6): Please enter the monthly dollar amount the guardian was paid for room and board for the protected person.

(Questions 7-10): Please answer each question thoroughly.

(Question #11): Please list the reasons why the protected person is incapacitated (e.g., specific medical conditions, dementia, a minor, etc.)

(Question #14): Please give a brief explanation of why the guardianship should continue or why it should be terminated.

(Question #15): a. "I/We held the following amount of money on behalf of the person:" – Please enter the balance from last year's report that was held on behalf of the protected person.

b. "Since my last report, I/we have received the following amount of money on behalf of the person:" – Please enter the total amount received (from all sources of income) for the entire year covered by the current report.

c. "I/We spent the following amount of money on behalf of the person:" – Please enter the total amount spent on behalf of the protected person throughout the entire year covered by the current report.

d. "I/We now hold the following amount of money on behalf of the protected person:" – Please enter the current amount in the Guardian's possession that is being held on behalf of the protected person; a (+) b (-) c = d.

(Statement #16): This statement provides that you acknowledge your responsibility to provide a copy of the annual guardian report to all appropriate parties.

(Questions 17, 18 & 19): Please answer each question thoroughly.

PROOF OF MAILING (Page 4):

ORS 125.325 also provides: "...Copies of the guardian's report must be given to those persons specified in ORS 125.060(3).

ORS 125.060(3) provides that any motion for approval of a fiduciary's actions must be given by the person making the motion to the following persons:

- (a) The protected person, if the protected person has attained 14 years of age.
- (b) Any person who has filed a request for notice in the proceedings.
- (c) Except for a fiduciary who is making a motion, any fiduciary who has been appointed for the protected person.
- (d) If the protected person is receiving moneys paid or payable by the United States through the Department of Veterans Affairs, a representative of the United States Department of Veterans Affairs regional office that has responsibility for the payments to the protected person.
- (e) If the 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 in which the protected person is confined.
- (f) Any other person that the court requires.

PLEASE NOTE THAT THE COURT ALSO REQUIRES SERVICE AS FOLLOWS:

If the protected person is a resident of a nursing home or residential facility, or if the motion seeks authority to place the protected person in a nursing home or residential facility, the office of the Long Term Care Ombudsman. (***OLTCO: 3855 Wolverine Street NE #6, Salem, OR. 97305***)

If the protected person is a resident of a mental health treatment facility or a residential facility for individuals with developmental disabilities, or if the motion seeks authority to place the protected person in such a facility, then to Disability Rights Oregon (***DRO: 610 SW Broadway #200, Portland, OR. 97205***)

When completing the Proof of Mailing (Pg. 4), please fill out the page completely, paying close attention to the highlighted areas, including the date mailed, and the names and complete addresses of all individuals served.

Attached hereto, is a sample Proof of Mailing, providing an example of how you would note the agency (e.g., OLTCO or DRO) that received service of the Guardian's Report.

If you have any further questions or concerns, please contact the probate department directly at (503) 588-5141. However, please note that court staff cannot provide any legal advice or assistance in completing the annual guardian report (in addition to what is provided in these instructions).

IN THE CIRCUIT COURT OF THE STATE OF
OREGON THIRD JUDICIAL DISTRICT
Probate Department

In the Matter of the (Co-) Guardianship of:) Case No.: _____
)
)
)
_____,) ANNUAL GUARDIAN'S REPORT
Protected Person)
)
) FINAL REPORT
_____)

I/We am/are the guardian(s) for the person named above, and I make the following report to the court as required by law:

1. My/our name(s) is: _____
2. My/our address is: _____
My/our telephone number is: _____
3. The name, if applicable, and address of the place where the person now resides are:

4. The person is currently residing at the following type of facility or residence: _____

5. The person is currently engaged in the following programs and activities and receiving the following services (*brief description*): _____

6. I was (We were) paid for providing the following items of lodging, food, or other services to the person: _____

7. The name of the person primarily responsible for the care of the person at the person's place of residence is: _____
8. The name and address of any hospital or other institution where the person is now admitted on a temporary or permanent basis are: _____

9. The person's physical condition is as follows (*brief description*): _____

10. The person's mental condition is as follows (*brief description*): _____

11. Facts that support the conclusion that the person is incapacitated include the following:

12. I/We made the following contacts with the person during the past year (*brief description*):

13. I/We made the following major decisions on behalf of the person during the past year (*brief description*): _____

14. I believe the guardianship should should not continue because: _____

15. (a) At the time of my/our last report I/we held the following amount of money on behalf of the person: \$ _____
(b) Since my last report, I/we have received the following amount of money on behalf of the person: \$ _____
(c) I/We spent the following amount of money on behalf of the person: \$ _____
(d) I/We now hold the following amount of money on behalf of the person: \$ _____
16. A true copy of this report will be given to the protected person, any conservator for the person, and any other person who has requested notice or is required to receive service per ORS 125.060(3).
17. Since my/our last report:
- (a) I/We have been convicted of the following crimes (not including traffic violations):
 none as follows: _____
 - (b) I/We have filed for or received protections from creditors under the Federal Bankruptcy Code: yes / no
 - (c) I/We have had a professional or occupational license revoked or suspended: yes / no
 - (d) I/We have had my driver's license revoked or suspended: yes / no

18. Since my/our last report, I/we have delegated the following powers over the protected person for the following periods of time (provide name of person powers delegated to):

19. I limited the protected person's association with the following persons:

(List the names of any restricted contact and describe the limitations): _____

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Dated this _____ day of _____, 2_____.

Guardian

Co-guardian

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: Marion County Circuit Court, Attn: Probate Department, PO Box 12869, Salem, OR. 97308.
