

**RETURN To:** IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH  
1200 SW 1ST AVENUE, PORTLAND OR 97204  
PROBATE DEPARTMENT

**In The Matter of Guardianship of:** \_\_\_\_\_  
**Case No.** \_\_\_\_\_

I am the guardian for the protected person named above, and I make the following report to the Court as required by law:

1. My name is: \_\_\_\_\_
2. My address, and telephone number is:  
\_\_\_\_\_  
\_\_\_\_\_
3. The name, if applicable, address and telephone number of the place where the protected person now resides is:  
\_\_\_\_\_  
\_\_\_\_\_
4. The protected person is currently residing at the following type of facility or residence:  
\_\_\_\_\_  
\_\_\_\_\_
5. The protected person is currently engaged in the following programs and activities and receiving the following services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I was paid for providing the following items of lodging, food, or other services to the protected person: \_\_\_\_\_  
\_\_\_\_\_
7. The person who is primarily responsible for the care of the respondent at the protected person's current address is: \_\_\_\_\_  
\_\_\_\_\_  
who's telephone number is: \_\_\_\_\_
8. The name and address of any hospital or other institution where the protected person is now temporarily or permanently placed is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. The protected person's physical condition is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. The protected person's mental condition is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Facts that support the conclusion that the person is incapacitated include the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. I made the following contacts with the protected person during the past year:  
 \_\_\_\_\_  
 \_\_\_\_\_
13. I limited the person's association with (Please specifically name any limitations and briefly describe the limitation): \_\_\_\_\_  
 \_\_\_\_\_
14. I made the following major decisions on behalf of the protected person during the past year (brief description): \_\_\_\_\_  
 \_\_\_\_\_
15. I believe this guardianship  should  should not (check one) continue because:  
 \_\_\_\_\_  
 \_\_\_\_\_
16. At the time of my last report, I held the following amount of money on behalf of the person: \$\_\_\_\_\_. Since my last report, I received the following amount of money on behalf of the person: \$\_\_\_\_\_. I spent the following amount of money on behalf of the protected person: \$\_\_\_\_\_. I now hold the following amount of money on behalf of the protected person: \$\_\_\_\_\_.
17. A true copy of this report will be given to the protected person and/or his/her conservator, and any other person who has requested notice.
18. Since my last report:
- A. I have been convicted of the following crimes (not including traffic violations):  
 \_\_\_\_\_  
 \_\_\_\_\_
  - B. I have filed for or received protection from creditors under Federal Bankruptcy Code:  
 YES  NO(check one)
  - C. I have had a professional or occupational license revoked or suspended:  
 YES  NO(check one)
  - D. I have had my driver's license revoked or suspended:  YES  NO(check one)
19. Since my last report, I have delegated the following powers over the protected person for the following periods of time (provide name of person and powers delegated to):  
 \_\_\_\_\_  
 \_\_\_\_\_

**“I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are made for use as evidence in court and is subject to penalty for perjury.”**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Co-Guardian (if applicable)

**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:**

**MULTNOMAH COUNTY CIRCUIT COURT  
ATTN: PROBATE DEPARTMENT, ROOM 4505  
1200 SW 1<sup>st</sup> AVENUE  
PORTLAND, OR 97204  
Mul.ProbateDept@ojd.state.or.us**