

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF JACKSON

In the Matter of the Guardianship of:

CASE NO. _____

Name of the protected person

GUARDIAN'S REPORT

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

1. My name is _____
2. My residence address and telephone number are:

Telephone: _____
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 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 protected 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 made the following contacts with the person during the past year (brief description):

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

14. I limited the person's association with _____ (please specifically name any limitations and briefly describe the limitation):

15. I believe the guardianship ___ should or ___ should not continue because:

16. I received the following amount of money on behalf of the person: \$ _____
I spent the following amount of money on behalf of the person: \$ _____
I now hold the following amount of money on behalf of the person: \$ _____

17. 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 of is required to receive service per ORS 125.060(3).

18. Since my last report:

(a) I have been convicted of the following crimes (not including traffic infractions):

(b) I have filed for or received protection from creditors under the Federal Bankruptcy Code: _____ Yes _____ No

(c) I have had a professional or occupational license revoked or suspended:
_____ Yes _____ No

(d) I have had my driver's license revoked or suspended: _____ Yes _____ No

19. Since my last report, I have delegated the following powers over the protected person for the following periods of time (provide the name(s) of person(s) powers were delegated to):

I am the guardian herein and I hereby declare that the above statement is true to the best of my knowledge and belief. I understand that it is 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:

Please provide the following information in writing and deliver it to

Your name:	Jackson County Circuit Court
Address:	Attn: Probate Department
Phone #	100 S. Oakdale
Relation to protected person	Medford, OR 97501
Your requests and concerns	

FOR COURT USE ONLY:

APPROVED: _____