

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

**In the Matter of:**

\_\_\_\_\_ A child

**Case No:** \_\_\_\_\_

**GUARDIAN'S ANNUAL REPORT**

Guardian's Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Information regarding the child since the last report:

1. The child currently resides ☐ with me in my home **or** ☐ as follows:

a. With (*name*): \_\_\_\_\_

b. Address: \_\_\_\_\_  
\_\_\_\_\_

c. Contact Phone (*including area code*): \_\_\_\_\_

d. Since (*date*): \_\_\_\_\_

e. Explanation of why the child is not living with me:

\_\_\_\_\_

2. 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 or reasons for hospital/medical visits during the last year:

---

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

---

- a. Names of psychologists, psychiatrists, counselors, or therapists that child has seen in the past year:

---

- b. Treatment or reasons for counseling or therapy during the last year:

---

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

---

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

---

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

---

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

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

- 
6. The child's **school attendance and performance** are as follows (*attach a copy of the most recent report card to this report*):

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

---

8. **Family Contact**

- a. The **parents** visited or attempted to contact the child during the past year as follows:

- 
- b. The child reacted to the visits or contact attempts as follows:

- c. I have the following issues of concern related to contact with the parents:

---

- d. The child had the following contact with **siblings** or **other family members**:

---

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

---

**Since my last report, I have, or a member of my household has:** *(include names)*

10. ☐ had a driver's license revoked or suspended *(explain)*:

---

11. ☐ been convicted of the following crimes, **not** including traffic violations *(list the crime and person convicted)*:

---

12. ☐ filed for or received protection from creditors *(explain)*:

---

13. ☐ had a professional or occupational license revoked or suspended *(explain)*:

---

14. ☐ 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 ask the court to schedule a hearing to review the guardianship (*explain*):

---

---

---

**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)

---

Contact Address

City, State, Zip

---

Contact Phone