

IN THE CIRCUIT COURT OF THE STATE OF OREGON

Annual Guardian's Report Information
(*Juvenile Case*)

Thank you for making a commitment to this child by accepting the responsibilities of guardian.

Oregon law requires you to file a report each year with the court about each child in your care. You must file the report every year until the court ends the guardianship, or the child reaches age 21.

Please fill out **both** the Guardian's Report and the Summary Sheet that are enclosed. Mail or deliver them to the court. You should make copies of the blank documents so you can fill them out every year. You may include additional pages if you need to.

The report is very important. The Judge will read your report and may refer the case to the Citizen Review Board for further review. If no report is received, you may have to go to court to explain why you did not file the report.

You must say under oath that the information in the report is true.

Remember: You cannot place this child in the care or custody of any other person without the Judge's permission. Ask the court in writing before you place the child with another person. You also must make sure the court has your current address at all times. If you decide to move, let the court know your new address **before** the move by sending a letter to the court with your case number. The Judge may set a hearing. If a hearing is set, the court will send you a notice with a hearing date and time.

Please talk to a lawyer if you have questions about your duties or rights as a guardian.

Thank you for keeping your promise to provide a safe and supportive home for this child.

IMPORTANT NOTICE: If you are receiving guardianship assistance through the Department of Human Services (DHS) and want to continue receiving payments after the child turns 18 years of age, you must submit a request for an extension to DHS at least 30 days before the child's 18th birthday.

**REMEMBER to fill out the
county name at the top of
each form**

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

In the Matter of:

Case No: _____

**GUARDIAN'S ANNUAL REPORT
SUMMARY SHEET**

A child

I am the guardian for (*child's name*): _____

I submit the attached Guardian's Annual Report dated _____ to
comply with my annual reporting requirement.

Date

Signature

Name (printed)

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

In the Matter of:

Case No: _____

GUARDIAN'S ANNUAL REPORT

A child

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 (*include 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 the 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 recreational 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