

## **INSTRUCTIONS**

The purpose of this report is to give the court as complete a picture as possible of the individual's current situation and what has happened in the last 12 months. The court will review your report within 30 days of receipt and send out either an approval letter or a deficiency notice requesting additional information. Every three years, a Court Visitor will be appointed to discuss with you various aspects of the guardianship.

Follow the directions in this form or your report may not be approved and a deficiency will be sent to you to complete the report.

### **When filling out the form:**

- If you got this form from the internet, download and save the blank PDF form to your local device. Then reopen it before filling it out. The form may not work or save correctly if you fill it out on your internet browser.
- File using single-sided printing.
- If filling out by hand, print clearly using black ink.
- Use the same dates as provided to you by the court each year. The report should reconcile within the year, as well as from year to year.
- Do not leave any question blank. If it does not apply, write "n/a" or provide an explanation.
- Be sure to attach the required documentation as requested on this report, such as bank statements. Bank statements should reflect the accounting you provide. If you charge for rent or room and board, this should be easily seen in the statement. If you have a lot of cash withdrawals, you should have receipts to back up accounting.
- If you need to add additional information to any area of the report, please use a separate sheet of paper. Only write on one side of the paper.

In preparing this report, you must consult with the protected person as much as possible. As a guardian or conservator, you must be more diligent with the protected person's money than you may be your own—even if the person only receives basic entitlements. Your accounting must be accurate. You may not use estimates. You must have documentation of your accounting available for court inspection at any time

If you need help with this report, contact the Alaska Court System's Guardianship Helpline at (907) 264-0520 or visit the Court's self-help page at [ak-courts.info/gc](http://ak-courts.info/gc). There is also a monthly class on the annual report, offered on the second Tuesday of each month from 12:00 to 1:30 PM. Register for the class at <https://courts.alaska.gov/shc/guardian-conservator/classes.htm>.

**This page is for your information only. It does not need to be filed with the report.**

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Protective Proceedings of: )  
 )  
\_\_\_\_\_)  
(Name of Protected Person) )  
Date of Birth: \_\_\_\_\_ )  
\_\_\_\_\_)

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

**GUARDIANSHIP ANNUAL REPORT**

**A. Reporting Period**

This report covers the following period: From: \_\_\_\_\_ To: \_\_\_\_\_

**B. Information about the Guardian**

If you check this box, your contact information will be changed in the system. You can also use [PG-195](#) to change contact information if needed during the year.

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_  cell  home  other Phone: \_\_\_\_\_  cell  home  other

I agree the court and other parties can email me court documents instead of using regular mail.

2. Do you live with the protected person?  Yes.  No.

3. Relationship to the protected person *[parent, sibling, etc.]*: \_\_\_\_\_

4. Have there been any major changes to your status, such as health changes, arrests, criminal convictions, or other major changes in the past 12 months?

No.  Yes. If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. In what areas do you have the authority to make decisions for the protected person?  
*[If you are a conservator only, use form [PG-225](#).]*

I am a full guardian with conservator powers.

I am a partial guardian with authority over only the following:

housing  medical care  mental health care

personal care, school/training, and work activities  financial management

6. List name and contact information for any co-guardians or separate conservators:

*[Include full name, mailing address, residence address (if different), email, and daytime phone number.]*  N/A – I am the only guardian/conservator for the protected person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Information about the Protected Person**

Physical Address: \_\_\_\_\_  
 Personal Phone: \_\_\_\_\_  cell  home  other  
 Phone number where person can be reached, if different than above: \_\_\_\_\_  
 Email: \_\_\_\_\_

**D. Changes in Guardianship**

1. Do you think there need to be any changes in the guardianship?  No.  Yes.  
*[Please think about whether or not the protected person continues to need a guardian, full or partial. Are there any less-restrictive alternatives or has the protected person learned additional skills such that informal supports would be sufficient? Are you able to continue as guardian or conservator?]*

If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*[If you want the court to change its order, file form [PG-190](#).]*

2. Do you want the court to schedule a review hearing?  No.  Yes.

**E. Information about the Guardianship**

**1. Housing.**

- My order does not include authority over housing.**

*[Skip this section and go to section 2.]*

- My order does include authority over housing.**

- a. What type of residence does the protected person live in now?

- own home     rented home  
 nursing home     assisted living home     group home  
 \_\_\_\_\_

(1) Name of facility (if nursing, ALH, etc.): \_\_\_\_\_  N/A.

(2) If the protected person lives in your home, do you have room and board authorization?  N/A.  Yes.  No.

- b. Has the protected person moved in the past 12 months?  No.  Yes.

If yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. As the guardian, are you satisfied with the protected person's housing?

Yes.  No, because:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d. Are you (or the housing provider) able to make sure that the protected person has meals, clothing, house-cleaning, and transportation?  Yes.  No, because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. What is the protected person’s opinion about the housing situation? *[If you do not know the protected person’s opinion, explain why not below.]*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Is there anything else you want the court to be aware of regarding housing?  
 No.  Yes. If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Medical and Mental Health Care.**

- My order does not include medical or mental health care authority.**  
*[Skip this section and go to section 3.]*
- My order does include medical and/or mental health care authority.**

a. List any health professionals the protected person has seen in the last 12 months:

	<u>Name</u>	<u>Phone No.</u>	<u>Last Date Seen</u>
<input type="checkbox"/> Medical Doctor	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Mental Health Provider	_____	_____	_____
<input type="checkbox"/> Other: <i>[Eye/Ear Doctor, Physical Therapist, etc.]</i>	_____	_____	_____
	_____	_____	_____

The protected person does not have a doctor, because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Describe any changes in the protected person's medical and/or mental health status since the last report (for example, new injuries, diagnoses, and hospitalizations), and describe what is being done or will be done about them:

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- c. Does the protected person need help with any basic daily living activities (for example, bathing, toileting, getting dressed, preparing food, etc.)?  No.  Yes.  
If yes, describe what the protected person needs assistance with, and how that assistance is being provided:

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- d. Does the protected person have a no-code (Do Not Resuscitate, or DNR) provision in place? *[A DNR is a legal and medical document that the person agrees to and signs, saying that the person does not want to be given CPR to restart their heart or breathing.]*  Yes.  No.  I don't know.

- e. Did the protected person, while the protected person still had the capacity to do so, execute a durable power of attorney for health care or some other advance health care directive under AS 13.52.010 - .395 or another law?

No.  I don't know.  
 Yes, the agent authorized to make health care decisions for the protected person is \_\_\_\_\_.

- f. Does the protected person have medical insurance or other coverage in good standing?

Yes. The protected person has the following type of coverage:  
 Medicare  Medicaid  VA  Private Insurance  \_\_\_\_\_  
 No, because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- g. Are you satisfied with the protected person's medical and mental health care?

Yes.  No, because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. What is the protected person’s opinion about the medical and/or mental health care they are receiving? *[If you do not know the protected person’s opinion, explain why not below.]*

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i. Is there anything else you want the court to be aware of regarding medical or mental health care?  No.  Yes. If yes, explain:

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**3. Personal Care, School, and Work Activities**

**My order does not include personal care, school, or work authority.**

*[Skip this section and go to section 4.]*

**My order does include personal care, school, and/or work authority.**

a. Does the protected person attend school or any type of job training?

Yes. *[Describe studies below, including name and location of school.]*

No. *[Explain why not below.]*

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b. Is the protected person employed?

Yes. *[Describe the person’s job below, including type of work, name of employer, address, phone, and how long employed.]*

No. *[Explain why not below.]*

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c. Describe recreational activities and hobbies the protected person enjoys:

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d. Have you been able to help make these activities available to the protected person?

Yes.  No, because:

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e. Are you able to make sure that the protected person can visit with friends and family and that the protected person can engage in a healthy social life?

Yes. *[Describe below the visits and social interactions (with whom, frequency, etc.) the protected person typically has enjoyed.]*

No. *[Explain why not below.]*

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f. As the guardian, are you satisfied with the protected person's overall access to activities (including work, school, and social/recreational activities)?  Yes.  No, because:

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g. What is the protected person's opinion about the activities that the protected person participates in (work, school, social/recreational activities, etc.)? *[If you do not know the protected person's opinion, explain why not below.]*

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h. Is there anything else you want the court to be aware of regarding work, school, or social and recreational activities?

No.  Yes. If yes, explain:

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**4. Contacts with the Protected Person.**

a. Does the protected person live with you?

Yes.

No. How often have you visited in person with the protected person in the past 12 months? *[Include where you met.]*

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b. Have there been any other contacts?  No.  Yes, as follows:

Type of Contact

Frequency of Contact

by telephone or video chat

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by mail, email, or text message

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through a family member, caregiver, or other person named \_\_\_\_\_

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other: \_\_\_\_\_

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**5. Decision-Making.**

a. Have there been any changes in the protected person’s ability to make decisions about matters affecting the protected person’s health and safety?

- No changes.
- Yes, the protected person is:  less able.  more able.

If yes, describe the changes in ability and what caused them, if known:

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b. Does the protected person participate in decision-making?  Yes.  No, because:

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**6. Community Resources.**

Does the protected person receive any of the following services? *[For each box checked, list name and contact information, including address, email, and daytime phone number.]*

Care coordinator/Case manager: \_\_\_\_\_

Support services: \_\_\_\_\_

In-home services/PCA: \_\_\_\_\_

Others: *[For example, churches, government programs, charitable organizations, etc. List name and contact information (address, email, phone number) for each.]*

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**7. Significant Actions.**

Describe any significant actions (for example, changes to housing, work/school, medical care, etc.) you have taken as guardian for the protected person during the past 12 months:

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**Has a conservator been appointed?**

- Yes, I am a full guardian, so I have conservator powers. *[Fill out section F.]*
- Yes, I am a partial guardian and my authority includes conservator powers. *[Fill out section F.]*
- Yes, a separate conservator has been appointed. *[Skip section F.]*  
Name of conservator: \_\_\_\_\_
- No, the protected person has authority over their own money and property. *[Skip section F.]*

**As conservator, do you use a representative payee?**

- N/A. I do not have conservator authority.
- No.
- Yes. Name of payee: \_\_\_\_\_  
Does the payee control all of the protected person's money?  
  - Yes. *[Fill out section F, but you may include the payee's detailed accounting information as documentation.]*
  - No. Describe what the payee controls and what you control:

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**Are you a professional guardian?**

- No.  Yes.

If yes, you must also do/answer the following:

1. Provide a copy of your accounting used to keep track of income and expenses.
2. Provide a breakdown of the monthly fees you are paid. Include a detailed invoice of what services were provided for each fee charged.
3. Is your license in good standing with the State of Alaska?  Yes.  No.
4. Do you have liability insurance?  
  - Yes, and my documentation is attached.
  - No, because:

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**F. Financial Information**

- I am an OPA-appointed guardian.**  
*[Skip sections 1 & 2. Attach detail from financial system.]*
- I am not an OPA-appointed guardian.**

**1. Annual Income.**

**\*\*Only list the income of the protected person during the 12-month reporting period. Do not list your income. Must be annual amounts, not monthly.\*\***

*[If there are more income sources than fit on this page, attach extra pages or cross out an unused category and write it in.]*

<u>a. Income Source</u>	<u>Annual Amount</u>
Wages/Salary: _____	_____
Social Security Benefits: _____	_____
Dividends/Interest: _____	_____
Adult Public Assistance: <i>[for example, ATAP, TANF, Food Stamps]</i>	_____
_____	_____
_____	_____
Veterans Financial Benefits: _____	_____
Senior Care Benefit: _____	_____
Alaska Permanent Fund Dividend	_____
Native Corporation Dividend: _____	_____
Rental Income: _____	_____
Pension: _____	_____
Annuities: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
<b>TOTAL ANNUAL INCOME</b>	<b>\$ _____</b>

b. Have there been any major changes or disruptions to an income source in the last 12 months (for example, loss of benefits, new benefits, pay raise at work, etc.)?  
 No.  Yes. If yes, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. In the last 12 months, have there been any sources of income for the protected person that are **not** expected to be ongoing (for example, an inheritance, vehicle sale, gambling winnings, cash gifts, etc.)? *[You may include items of any amount, but must report any cash received of \$1000 or more.]*  
 No.  
 Yes. List each item, approximately when it was received, and amount:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Annual Expenses.**

**\*\*List all money paid from the protected person's funds to anyone. Do not include your personal expenses. Must be annual amounts, not monthly.\*\***

*[If there are more expenses than fit on this page, attach extra pages or cross out an unused category and write it in.]*

<u>Expense</u>	<u>Annual Amount</u>
Nursing/Assisted Living Home: _____	_____
Room and Board <i>[Only fill out if you have room and board authorization.]</i>	_____
Rent or Mortgage Payment: _____	_____
Utilities: <i>[Leave blank if you have room and board authorization.]</i>	_____
_____	_____
_____	_____
_____	_____
Transportation: _____	_____
Medication: _____	_____
Medical Treatment: _____	_____
Cell phone: _____	_____
Food <i>[Leave blank if you have room and board authorization.]</i>	_____
Clothing: _____	_____
Entertainment/Hobbies: _____	_____
Travel/Vacation: _____	_____
Personal Expenses (allowance/money given to the protected person)	_____
Taxes: _____	_____
Home/Property Maintenance: _____	_____
Insurance Premiums: <i>[home/renter's, auto, medical, life, etc.]</i>	_____
_____	_____
_____	_____
_____	_____
Gifts: _____	_____
Child/Spousal Support: _____	_____
Fees/Costs Paid to Guardian: _____	_____
Reimbursements to Guardian <b><i>[Attach documentation/receipts]</i></b>	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TOTAL ANNUAL EXPENSES** **\$** \_\_\_\_\_

b. Have there been any major new expenses in the last 12 months? Were you able to eliminate or reduce any major expenses in the last 12 months?

No.  Yes. If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Income and Expense Tracking.**

Describe how you keep track of income and expenses for the protected person (for example, accounting software, separate paper files, etc.):

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Do you use a credit card to pay the protected person's expenses?  No.  Yes.

*[If yes, explain below whether the credit card belongs to the protected person or the guardian, and list which expenses in section 2 are covered by the credit card payments.]*

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**4. Money Controlled by the Protected Person.**

Does the protected person have control over any money?  No.  Yes.

If yes, does the protected person have their own:

bank account: \_\_\_\_\_ *[bank name & account no.]*

debit card or credit card: \_\_\_\_\_ *[last 4 numbers of card]*

cash allowance of: \$\_\_\_\_\_ per month

other: \_\_\_\_\_

Is this money included in the income and expenses listed in #1 and #2?

Yes.  No, because:

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**5. Assets.**

*[List all assets the protected person owns individually or jointly. Attach extra pages if necessary. Write only on one side of the page.]*

a. **Cash on Hand (not in an account).** \$\_\_\_\_\_

	Amount	Location
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b. **Bank Accounts.** *[Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]*

N/A. The protected person does not have any of these types of accounts.

Name of Bank or Institution	Type of Account	Account No.	Balance

**\*\*REQUIRED: Attach 12 months of bank statements that match the reporting period.\*\***  
**If the only activity on the account was interest accrual (no deposits or withdrawals), you may attach just the most recent statement.**

c. **Alaska Native Corporation Dividend Account.**

N/A. The protected person does not have an Alaska Native Corp. Dividend account.

Name of Bank or Institution	Type of Account	Account No.	Balance

**\*\*REQUIRED: Attach the most recent statement for end month of your report.\*\***

d. **Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.**

N/A. The protected person does not have any of these types of accounts.

<u>Name of Company</u>	<u>Name on Account</u>	<u>Date of Balance</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\*\*REQUIRED: Attach the most recent statement for end month of your report.\*\***

e. **Retirement Account.**

N/A. The protected person does not have a retirement account.

<u>Name of Company</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	_____

**\*\*REQUIRED: Attach the most recent statement for end month of your report.\*\***

f. **Life Insurance Policy.**

N/A. The protected person does not have a life insurance policy.

<u>Name of Insurance Company</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____

**\*\*REQUIRED: Attach the most recent statement for end month of your report.\*\***

g. **Burial Account.** *[An account reserved for burial/funeral expenses.]*

N/A. The protected person does not have a burial account.

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____

**\*\*REQUIRED: Attach the most recent statement for end month of your report.\*\***

h. **Changes in Accounts.**

Explain any major changes in the last 12 months to the accounts listed or cash available to the protected person. Include whether accounts have been newly opened, cashed out, or had large transfers between them. ( N/A, no major changes in last 12 months)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

i. **Real Estate (land and buildings).**

(1) Does the person own a home?  No.  Yes. Estimated Value: \$ \_\_\_\_\_

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

Description: \_\_\_\_\_

Is there a joint owner?  No.  Yes, name: \_\_\_\_\_

(2) Other Real Estate. Estimated Value: \$ \_\_\_\_\_

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

Description: \_\_\_\_\_

Is there a joint owner?  No.  Yes, name: \_\_\_\_\_

**\*\*Attach most recent tax assessments for the properties, if available.\*\***

**j. Vehicles (cars, boats, snow machines, airplanes, etc.).**

<u>Description of Vehicle (year/make/model)</u>	<u>Location</u>	<u>Co-Owner</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**k. Other Valuable Personal Property.**

*[List any item that has a value of \$1000 or more. Include collectibles and any other items that are particularly susceptible to theft, such as guns, jewelry, or art. Also include any valuable licenses, such as fishing permits. Give enough detail to allow another person to identify the items.]*

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**l. Changes in Real Estate and Personal Property.**

Explain any major changes in the last 12 months to the value of any real estate, vehicles, or other valuable property that the protected person owns. Include whether any significant items were sold or purchased, and whether the value of any property changed by \$1000 or more (for example, home improvement projects, accident damage to vehicles, etc.). ( N/A, no major changes in last 12 months)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL ASSETS** *[Total value of all money & items in section 5]* \$ \_\_\_\_\_

**6. Debts and Other Liabilities.**

*[Attach extra pages if necessary. Write only on one side of the page.]*

**a. Mortgages.**

- (1) Home described in #5(i)(1).                      Loan balance: \$ \_\_\_\_\_
- (2) Property described in #5(i)(2).                Loan balance: \$ \_\_\_\_\_



8. Hfi gng'

Is the protected person a beneficiary of a trust?

I don't know. [Skip to section G.]

No. [Skip to section G.]

Yes. Name of Trust: \_\_\_\_\_

Name and Address of Trustee: \_\_\_\_\_

If registered with a court, list trust registration no. \_\_\_\_\_ State: \_\_\_\_\_

Is the protected person receiving the benefits from the trust that the protected person is supposed to receive?  Yes.  No.  I don't know.

Were there any changes to the trust arrangements/benefits in the last 12 months?

No.  Yes, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

; " CH Yf =bZcfa UH]cb

1. Did the protected person help you prepare (provide information for) this report?

Yes.  No.

2. Do you have any other concerns? Is there any other important information you believe the court should know?

No.

Yes, I have the following concerns or information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**=A DCF H5BH'**

5ZHYf'nci Vta d'YHY'HY'fYdcfHz'd'YUgY'fYj ]Yk ]hVYZcfY'Z']b[ 'k ]H'HY' Vti fh'hc'a U\_Y'gi fY'nci \Uj Y'UHUWYX'U' fYei ]fYX'XcW'a YbHU]cb Ug ]bghfi VWX'fZcf'YI Ua d'YzU'`cZH'Y'fYei ]fYX'VUb\_ 'ghUHY'a Ybhg'cf'ch'Yf' Z]bUbV]U' fYVzfXgt'" Mti 'a i gh]bWl XY'fYVW]dHg'UbX'ch'Yf'gi ddcfh]b[ ' XcW'a Ybhg'Zcf'Ubrni bi gi U'UMVti bh]b[ ]ggj Yg'cf'UbrniY]a Vi fgYa Ybhg' hc'HY[ i UfX]Ub'cf'VtbgYfj Urcf"



**I swear or affirm under penalty of perjury that everything I wrote in this report is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_ Date \_\_\_\_\_ Guardian's Signature

**Instructions:** Give a copy of this report to all of the persons listed in the text box below (this is called "service" and is required by law). Check your court order if you are unsure about whether you must serve any other persons not specifically listed below. You can either mail the report by first-class mail or hand-deliver it. If using mail, write the date that you put the envelope in the mailbox. You may also send the report by email if the recipient agreed to email service. If you are not able to serve any of the required persons, please explain below.

**Certificate of Service**

I certify that I served a copy of this report and all of its attachments to:

the protected person on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]*  
by  mail  hand-delivery  email

the protected person's attorney or guardian ad litem (if currently represented)  
on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]* by  mail  hand-delivery  email

family member the protected person lives with (if any): \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]* by  mail  hand-delivery  email

my co-guardian (if any): \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]* by  mail  hand-delivery  email

the protected person's conservator (if separate conservator appointed): \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]* by  mail  hand-delivery  email

the following persons designated by court order:  
\_\_\_\_\_  
\_\_\_\_\_

I could not give the report to a person who should get a copy, because:  
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\_\_\_\_\_  
Guardian's Signature