



ANNUAL REPORT OF GUARDIAN

Case No. _____
Court DISTRICT
County _____
Division _____

COMMONWEALTH OF KENTUCKY)
VS.)
_____)
RESPONDENT)

I, the undersigned, state that I am the Guardian Limited Guardian of the above-named Respondent, and report to the Court as follows:

1. Present age of Ward: _____.
2. Date of birth: _____.
3. Current address of Ward: _____.
4. Ward's present living arrangement is:

<input type="checkbox"/> Own home	<input type="checkbox"/> Nursing home	<input type="checkbox"/> Guardian's home
<input type="checkbox"/> Skilled care	<input type="checkbox"/> Hospital	<input type="checkbox"/> Intermediate care
<input type="checkbox"/> Relative's home _____	Relationship	<input type="checkbox"/> Personal care
<input type="checkbox"/> Other: _____		

5. Ward has been at present residence since _____.
If Ward has lived elsewhere during the reporting period, list description and address of each residence and the length of stay at each.

6. During this reporting period, the Ward's mental condition has:
 - Remained about the same.
 - Improved. Describe: _____

 - Deteriorated. Describe: _____

7. During this reporting period, the Ward's physical health has:

- Remained about the same.
- Improved. Describe: _____

- Deteriorated. Describe: _____

8. During this reporting period, the Ward's social condition has:

- Remained about the same.
- Improved. Describe: _____

- Deteriorated. Describe: _____

9. During this reporting period, the Ward has received the following services:

- Medical: _____
- Educational: _____
- Social: _____
- Vocational: _____
- Other: _____

10. My visits and activities on behalf of the Ward were:

11. The guardianship should should not be continued or modified for the following reasons:

12. A standby guardian has has not been appointed.

_____, 2_____
Date

Guardian

Guardian's Phone Number

Guardian's Social Security Number

Address

SUBSCRIBED and SWORN to before me this _____ day of _____, 2_____.

My Commission expires: _____.

Notary Public

To be signed by Standby Guardian if one is appointed.

I, the undersigned, state that I am the Standby Guardian of the above-named Respondent and continue to be willing to serve in the event of the death, resignation, removal or incapacity of the Guardian.

_____, 2_____
Date

Signature of Standby Guardian

Standby Guardian's Phone Number

Standby Guardian's Social Security Number

Address