

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

Co-Guardian's Information (if applicable): Check if updated information from last report

Name: _____ **Age:** _____

Occupation: _____ Your Relationship to Ward: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No

If Yes, explain: _____

I. PLACEMENT AND CARE SUPERVISION

A. Who currently supervises the ward's care and treatment on a daily basis?

Name: _____

Primary Phone: _____ Alternate Phone: _____

B. If the ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

II. STATUS INFORMATION

Yes No

A. Do you recommend that the guardianship continue?

If **No**, explain: _____

B. Do you recommend any changes to the guardianship?

If **Yes**, explain: _____

C. Do you wish to remain guardian?

If **No**, explain: _____

Note: If you wish to terminate this guardianship or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the Court.

III. CURRENT CONDITION OF THE WARD

Please describe in detail the current **mental** condition of the ward.

Please describe in detail the current **physical** condition of the ward.

Please describe in detail the current **social** condition of the ward.

IV. PERSONAL CARE AND OTHER ISSUES

Yes No

A. Has the ward's physical and medical condition (illness/injuries) changed since the last report?
If **Yes**, explain: _____

B. Has the ward been hospitalized since the last report?

If **Yes**, explain: _____

C. Have there been any medical, social or psychological evaluations of the ward performed?
Please explain: _____

D. Is there a need for further medical, social or psychological evaluations of the ward?
Please explain: _____

E. Describe the medical, educational, vocational and other services provided to the ward:

Please describe in detail any **medical** services provided to the ward. If none were provided, state "none".

Please list any **medications** provided to the ward. If none were provided, state "none".

Please describe in detail any **educational** services provided to the ward. If none were provided, state "none".

Please describe in detail any **vocational** services provided to ward. If none were provided, state "none".

Please describe in detail any **other** services provided to ward. If none were provided, state "none".

F. How often do you contact the ward's medical provider?

Daily Weekly Monthly Other: _____

How do you contact the ward's medical provider (phone, email, etc.)? _____

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?

Yes No If No, describe what changes would be appropriate.

H. The ward's care and living situation is Very Good Good Adequate Poor

I. Describe your plans for the ward's future care, including any recommended changes.

V. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the ward.

A. How often do you visit the ward? Daily Weekly Monthly Other: _____

B. How often do you contact the ward or the ward's care provider?
Daily Weekly Monthly Other: _____

C. When was the last time you saw the ward in person? _____ (date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.

E. Does the ward participate in decision-making? Yes No Briefly describe.

VI. FINANCIAL MATTERS

Complete this section only if the guardian has custody of funds.

A. Are there sufficient financial resources to take care of the ward? Yes No
If **No**, what do you believe is the best way to handle this problem? _____

B. Do you have control of the ward's income? Yes No
If **Yes**, describe: _____

C. If applicable, identify the representative payee for Social Security and other income benefits.
Name: _____ Phone Number: _____

D. Have any fees been paid to you in your role as guardian? Yes No
If **Yes**, describe: _____

E. Have any fees been paid to others for the care of the ward or his/her property? Yes No
 If Yes, describe and identify name of person: _____

Please indicate whether you have possession or control of the following:

Bank Account(s): Name of financial institution(s) and last four numbers of account(s): _____

Estimated Value: _____

Investment Account(s): Name of financial institution(s) and last four numbers of account(s): _____

Estimated Value: _____

Real Estate: Address: _____

Estimated Value: _____

Personal Property (i.e. jewelry, collectibles, vehicles...) Description: _____

Estimated Value: _____

Liabilities/Debts: Creditor(s): _____

Estimated Amount: _____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	+ \$	
Less total fees to care providers	- \$	
Less total monies paid to the Ward, e.g. personal needs	- \$	
Less total fees paid to guardian	- \$	
Less any other expenses, e.g. housing, insurance, maintenance	- \$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of
(date)

Executed on the _____ day of
(date)

_____, _____,
(month) (year)

_____, _____,
(month) (year)

at _____
(city or other location, and state OR country)

at _____
(city or other location, and state OR country)

(printed name)

(printed name)

(Signature of Guardian)

(Signature of Co-Guardian, if any)

Attorney Signature, (if any)

Date

**IMPORTANT
THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED
OR THE REPORT MAY BE REJECTED.**

Colorado Law **REQUIRES** that the Guardian's Report be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian and § 15-14-309(4), C.R.S. In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this report.

NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.

CERTIFICATE OF SERVICE

I certify that on _____ (date), a copy of this _____ (name of document) was served as follows on each of the following:

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature