



**ANNUAL REPORT OF GUARDIAN**

Case No. \_\_\_\_\_  
Court DISTRICT  
County \_\_\_\_\_  
Division \_\_\_\_\_

COMMONWEALTH OF KENTUCKY )  
VS. )  
\_\_\_\_\_)  
RESPONDENT )

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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

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**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