

PLEASE COMPLETE THIS FORM IN ENGLISH

ALL INFORMATION IN THIS REPORT IS CONFIDENTIAL

Attorney's Name: _____

Guardian's Name(s): _____

Street Address: _____

Mailing Address: _____

City, State, and Zip: _____

Is this a new address: YES NO

Telephone Number: _____

ARIZONA SUPERIOR COURT IN COCHISE COUNTY

**PLEASE NOTE: A SEPARATE REPORT
MUST BE FILED FOR EACH MINOR CHILD**

IN THE MATTER OF:

Name: (from birth certificate)

Date of birth:

A Minor

Case Number: GC _____

ANNUAL REPORT OF GUARDIAN OF A MINOR CHILD

REPORTING PERIOD:

FROM _____ **TO** _____
(last report date) (today's date)

WARNING – READ AND SIGN

By filing this Report with the court, you are stating under penalty of perjury that the statements contained in it are true to the best of your knowledge. If you state facts in this Report that you know to be false, you may be subject to serious penalties. Such penalties may include, but are not limited to, criminal prosecution for perjury, and/or a finding of criminal contempt. Perjury is a felony for which a term of four years in prison may be imposed. A person may be incarcerated for up to four months if found to be in criminal contempt of court.

I/We, _____, **have read the above warning.**

Signed: _____ **Dated:** _____

Signed: _____ **Dated:** _____

I/We, _____ declare under oath and under penalty of perjury:

1. Describe the type of home or facility where the minor resides:

- Private Residence
- Group Home (if so, describe and list the name of the home)

What is/are the name(s) of the person in charge of the residence or home?

What is the address of the residence or home?

Who is/are the minor's primary caregiver(s)?

2. How many times have you seen the minor in the last twelve months? _____

What date did you last see the minor? ____ / ____ / ____

3. List any major changes in the minor's development that you have observed in the last year:

4. What is the name of the school the minor is currently attending?

Describe the progress being made by the minor in school:

5. List the name, address and phone number of the minor's physician:

Name: _____

Address: _____

Telephone: (_____) _____

6. What date was the minor last seen by a physician? _____ / _____ / _____

7. I/We have attached a copy of the following document from the minor's physician:

- Minor's physician's report to the guardian
- Statement containing the physician's observations on the minor's physical and mental health

8. List any major changes in the minor's physical or mental condition observed by you in the last year:

9. Answer the following questions only if the minor is a disabled or incapacitated person:

Will the minor reach the age of majority (18) during the coming year? Yes No

Do you believe that, because the minor is incapacitated, the guardianship should be continued after the minor becomes an adult? Yes No

10. What services are being provided to the minor by a government agency? (Include any Social Security benefits paid on behalf of the minor):

List the name and title of the individual responsible for the minor's affairs with that agency:

11. List all persons, including any minors, who reside with the minor. If a minor residing in the household is also the subject of a guardianship, list the case number of the guardianship:

Name:	Relationship: to minor	Case number (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Has any person who resides with the minor ever been convicted of a felony, or adjudicated as a delinquent child? If so, explain. Provide the State and County where the offense was committed and the case number for the conviction. Provide the State, County, and Court where the adjudication of delinquency was made.

13. Have any proceedings for adoption, custody, or dependency of this child been commenced within the preceding 12 months? If proceedings have been commenced, the guardian must provide the case number of the proceedings to this court.

14. Is the minor enrolled in a health insurance plan or an equivalent program (such as AHCCCS) run by the state?

15. What efforts have you made to obtain child support from the child's parents, either in person or through a state agency? If a Title IV(D) case has been filed by the Attorney General, provide the case number of that case.

16. A copy of this report must be mailed to the following people at least nineteen (19) days before the hearing date. By providing the information below, you are swearing, under penalty of perjury, that a copy of the Annual Report of Guardian of a Minor was mailed or delivered to the following persons:

Person	Name	Address	Date of Mailing or Delivery
The minor if over the age of 14			
The minor's conservator			
The court-appointed attorney for the minor (if one has been appointed)			
The minor's parent or parents			
Any other interested person who has filed a demand for notice with the court			

I/we, the undersigned, swear or affirm that the answers set forth above are true and correct to the best of my/our knowledge and belief, subject to the penalties of making a false affidavit or declaration.

IMPORTANT INFORMATION

Please review the following

- This Annual Report of Guardian is a confidential document, and will be maintained in a file folder separate from the Court case file. The contents of this folder will be made available only to those persons authorized pursuant to Rule 7, Rules of Probate Procedure. The folder will accompany and be filed with the Court case file for each case.**

- (If you are a Guardian for more than one minor child in this guardianship case, please file a separate report, one for each minor child.)**
- Please confirm that you have included your current address information in this report.**
- This Court requires the minor child(ren) be evaluated by a physician on an annual basis. Please be sure to include this information in your report.**

DATED: _____

Guardian's name (Please print)

DATED: _____

Guardian's name (Please print)

Mail or deliver original report to:

**Probate Court Administration:
MARY ELLEN DUNLAP
Clerk of the Superior Court
100 Quality Hill
P.O. Box CK
Bisbee, AZ 85603**