

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ _____ In the Interests of: _____ Ward _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division Courtroom
GUARDIAN'S REPORT – ADULT	

INITIAL REPORT/CARE PLAN ANNUAL REPORT

Current Reporting Period From _____ To _____
 (MM/DD/YYYY) (MM/DD/YYYY)

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Instructions to Guardian:

Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When you complete this report, you must file the report with the Court and mail copies of the report to the Ward and all interested persons as identified in the Order Appointing Guardian. Complete the Certificate of Service at the end of this report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it.

I. SUMMARY OF REPORT

Yes No

- | | | | |
|---|--------------------------|--------------------------|--|
| A. Do you recommend that the guardianship continue?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. Have you had any criminal charges filed against you or convictions entered since the last report?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| C. Do you recommend any changes to the guardianship?
If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| D. Do you wish to remain guardian?
If No , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| E. Has the Ward's physical and medical condition (hospitalization/injuries) changed since the last report? If Yes , explain: _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> | |

- F. Has the Ward been hospitalized in the last year?
 If **Yes**, explain: _____

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

- H. Has the Ward's residence changed since the last report?
 Identify specifics in **Section V**.
- I. Does the Ward have sufficient financial resources?

II. WARD'S INFORMATION

New Residence from last Report

Name: _____ Age: _____
 Address (Include name of facility): _____

 City: _____ State: ____ Zip Code: _____ Telephone Number: _____
 Type of Residence: Private Nursing Home Assisted Living Home Other: _____

III. GUARDIAN'S INFORMATION

Updated Information from last Report

Guardian's Name: _____ **Email address:** _____
Address (Street and P.O. Box): _____
 City: _____ State: ____ Zip Code: _____ Telephone Number: _____
Co-Guardian's Name: _____ **Email address:** _____
Address (Street and P.O. Box): _____
 City: _____ State: ____ Zip Code: _____ Telephone Number: _____

IV. CURRENT CONDITION OF THE WARD

Describe the Ward's mental, physical, and social condition and if any additional evaluations are needed.

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V. PLACEMENT AND CARE SUPERVISION

A. 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.

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

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B. Who currently supervises the Ward's care and treatment on a daily basis?

Name: _____ Telephone Number: _____

VI. 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. How long are the visits and summarize your activities with and on behalf of the Ward?

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

VII. FINANCIAL MATTERS

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 possession or control of the Ward's assets, e.g. property, financial accounts? Yes No

If Yes, describe: _____

C. Do you have control of the Ward's Income? Yes No

If Yes, describe: _____

D. If applicable, identify the Representative Payee for Social Security and other income benefits.

Name: _____ Phone Number: _____

E. Have any fees been paid to you in your role as guardian? Yes No

If Yes, describe: _____

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numbering

F. 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: _____

**Complete this section only if there is no Conservatorship and
the Guardian has custody of funds.**

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 person	+\$	
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.

VIII. PERSONAL CARE AND OTHER ISSUES

A. Describe the medical, educational, vocational and other services provided to the Ward.

B. 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.

C. The Ward's care is Very Good Good Adequate Poor

D. Describe your plans for the Ward's future care including any recommended changes.

Note: If you wish to modify or terminate this guardianship, you must file a separate Petition with the Court.

VERIFICATION

I verify that the facts set forth in this document are true as far as I know or am informed. I understand that penalties for perjury follow deliberate falsification of the facts stated herein. 15-10-310, C.R.S.

Guardian's Signature _____ Date _____ Co-Guardian's Signature _____ Date _____

Certificate of Service

I certify that on _____ (date) a copy of this Guardian's Report was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Ward		

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Signature of Person Certifying Service

Deleted: AND ACKNOWLEDGMENT

Deleted: swear/affirm under oath that I have read the foregoing Guardian's Report and that the statements set forth therein are true and correct to the best of my knowledge.

Deleted: Subscribed and affirmed, or sworn to before me Subscribed and affirmed, or sworn to before me in the County of

_____ in the County of _____, State of _____, this _____ day of _____, 20____.

My Commission Expires: _____ My Commission Expires: _____

Notary Public/Clerk _____ Notary Public/Clerk* _____

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