

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

ANNUAL REPORT OF GUARDIAN OF INCAPACITATED PERSON

This report covers the time period of: _____ to _____
Month/day/year Month/day/year

1. Guardian name: _____ Telephone: _____

Mailing address: _____
Street City State Zip code

Guardian name: _____ Telephone: _____

Mailing address: _____
Street City State Zip code

2. Ward name: _____ Age in years: _____

Mailing address: _____
Street City State Zip code

Residence address: _____
(if different from above) Street City State Zip code

3. Name of facility where ward resides: _____

Type of facility: Private home Group Home Nursing Home
 Institution Other (specify) _____

Contact person: _____ Telephone: _____

4. Describe the following:
Supportive services being provided the ward:

Appropriateness of care and treatment:

5. Describe physical health of ward: _____

Significant changes since last report: _____

Hospitalizations since last report: _____

Surgical procedures since last report: _____

Illnesses since last report: _____

6. Describe mental health of ward: _____

Psychiatric treatments since last report: _____

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ANNUAL REPORT OF THE GUARDIAN OF THE PERSON-ADULT

7. Has there been any change of living conditions of the ward since the last report?
 Yes No If yes, please explain: _____

8. If the ward lives with the guardian, list the names of any adults who are new to the home since the last report. Those persons must complete a Criminal Record Release Authorization form and DHHS Record Release Authorization form and you must file each form with the court within 10 days of filing this report.

9. Specify any proposed changes in the living situation of the ward.

10. Specify guardian's plan for preserving and maintaining the well-being of the ward.

11. If guardian is being paid for services indicate the source: _____

Amounts: fee \$ _____ Prior fees to date: \$ _____

12. Guardianship should be: Continued Terminated Altered
Specify facts supporting your recommendation and provide any other information that may assist the court to better assess the general welfare of the ward.

I state that on this date I am e-serving through the court's electronic filing system, or mailing by U.S. mail, or hand delivering a copy of this document to:

Other party or Other party's attorney

Name

Signature Date

Law Firm Bar ID # of attorney

Telephone

Address

E-mail

City State Zip code

Name

Signature Date

Law Firm Bar ID # of attorney

Telephone

Address

E-mail

City State Zip code

Case Name: _____

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ANNUAL REPORT OF THE GUARDIAN OF THE PERSON-ADULT

FOR COURT USE

ORDER

Read and Noted. No further action is needed.

Read and Noted. The following further action is needed:

Recommended:

Ordered by the Court: