

IN THE DISTRICT COURT _____ COUNTY
STATE OF OKLAHOMA

IN THE MATTER OF _____)
THE GUARDIANSHIP _____) P-
_____)
_____)

REPORT ON THE GUARDIANSHIP OF THE PERSON

I, _____, the (Guardian/Limited Guardian of
(Name)

the person) for _____, am
(Name)

(incapacitated/partially incapacitated) person, hereby submit this
(annual, court-ordered) Guardianship Report.

1. The current place of abode of the ward is:

2. The type of home or facility in which the ward lives is

_____ and the name of the person in
charge of the home or facility is _____

3. My present street address and telephone number is:

4. During the last year, I have seen the ward _____ times. I
otherwise or also have become or remained familiar with the needs
and care of the ward as follows:

The nature of my visits to the ward have been:

5. The following services are currently being provided to the
ward:

6. These services (are, are not) provided for in the current
Guardian Plan. The reason they are not shown in the current
Guardian Plan is:

7. The ward was last seen by a physician on: _____

The purpose of the visit was: _____

8. I (have, have not) observed any major change in the ward's physical or mental condition during the last year. (If so,) these are my observations:

9. I (have, have not) taken any significant action for or on behalf of the ward since the last time I submitted a Guardianship Report. (If so,) I took the following actions:

10. There (have, have not) been any significant problems relating to the ward or to my guardianship of the ward since the last time I submitted a Guardianship Report or, if this is an initial report, since the issuance of my letters. (If so,) I have observed these problems:

11. It is my opinion that the guardianship (should, should not) be continued. (If so,) the basis for my belief is as follows:

12. I believe the ward (would, would not) be able to manage essential requirements for physical health and safety with fewer restrictions on the ward's ability to act for himself or herself. (If so,) the basis for my belief is as follows:

13. My opinion of the present care being provided to the ward is as follows:

14. The place of abode of the ward (has, has not) changed since the last guardianship report. (If so,) the place of abode of the ward was changed for the following reasons:

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

Date

Signature of Guardian or Limited Guardian

Telephone: _____

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

IN THE MATTER OF)
THE GUARDIANSHIP OF) P-
)
_____)

REPORT ON THE GUARDIANSHIP OF PROPERTY

I, _____ (Name), the (Guardian or Limited Guardian of the property of _____ (Name), an incapacitated (or a partially incapacitated) person, hereby submit this (annual, court-ordered) Report.

1. List any significant changes in the capacity of the ward to manage his or her financial resources:

2. The services currently being provided to the ward are as follows:

3. These services (are, are not) provided for in the current Guardianship Plan as approved by the court. The reason these services are not shown in the current plan are as follows:

4. I (have, have not) taken any significant actions for or on behalf of the ward since the last time I submitted a Guardianship Report. (If so,) these actions are as follows:

5. There (have, have not) been any significant problems relating to the guardianship since the last time I submitted a Guardianship Report. (If so,) the problems are as follows:

6. In my opinion, the guardianship (should, should not) be continued. The reasons for my belief are as follows:

7. It is my belief that the ward (would, would not) be able to manage his or her financial resources with fewer restrictions on the ward's ability to act for him or herself. The reasons for my belief are as follows:

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

Date

Signature of Guardian or Limited Guardian