

Your Name: _____
Your Address: _____
Your City, State and Zip Code: _____
Your Telephone Number: _____
Guardian for Ward: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of: _____ Case Number PB _____

ANNUAL REPORT OF GUARDIAN

(Name of Ward)

Instructions to Guardian: Arizona law (A.R.S. 14-5209(4) and 14-5315) requires every guardian of an adult or minor ward to advise the court each year regarding their Ward. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003. You must also mail a copy of the report to anyone else who has appeared in the case. This includes the Ward's attorney, if the Ward is represented by an attorney. If the Ward is not represented by an attorney, you must mail a copy to the Ward, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the 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. (If necessary additional pages may be attached.)

I am the Guardian and make these statements:

1. Information about the Ward.

Ward's Name: _____

Ward's Date of Birth: _____ Telephone: _____

Ward's Address: _____

Ward's Telephone: _____

2. Information about where the Ward lives.

A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge or Facility: _____

Address: _____

Telephone Number: _____

3. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

4. Information about the Ward's physical and mental health.

A. Date the Ward was last seen by a doctor: _____

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

5. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone Number: _____

6. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

7. Information about the person responsible for managing the Ward's assets:

Name of person responsible for managing Ward's assets: _____

Address: _____

Telephone Number: _____

8. Information about State, County or Federal Agency Services: Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: _____

Print Guardian's Name

Signature of Guardian

AFFIDAVIT OF MAILING: I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: _____
(Month/Day/Year)

(Signature of Person Mailing Document)