

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of:

GUARDIAN'S ANNUAL REPORT ON ADULT GUARDIANSHIP

The following is a report to the Court concerning: _____
name of respondent *age of respondent*

for the period beginning _____ and ending _____

I hereby state under oath that the following facts are true concerning the Respondent who is under my guardianship.

1. Respondent's current address:

<i>Mailing Address</i>	<i>*Physical Address (if different)</i>

Respondent resides in (check one):

- ☐ Private Home
☐ Rehabilitation Facility

☐ Nursing Home
☐ Other (describe) _____

☐ Group Home

**Please provide name of residential provider and address if respondent does not reside with the guardian.*

2. Respondent's current health and health care needs: *(describe all aspects of health care for Respondent including his/her physical health, mental health and dental care.)*

3. Respondent's educational, employment and community-based activities:

4. My activities as guardian for the Respondent:

5. Respondent's Financial Assets:

I ☐ am ☐ am not managing the Respondent's financial assets.

If you are only managing Respondent's Social Security benefits, attach the 'short account' form for managing the Respondent's Social Security benefits. This form is number 700-00400 and is available under the Probate forms link on the VermontJudiciary.org web site. If you are managing other assets for the Respondent, an annual summary of account must be filed with this report.

6. Recommendations for changes to Guardianship Order:

I recommend that the Guardianship Order be changed:

☐ Yes

☐ No

If Yes, attach a request to modify or amend Guardianship Order.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Guardian Information

Date _____

Signature _____

Printed Name _____

Mailing Address

Phone Number _____

Email Address _____

Co-Guardian Information

Date _____

Signature _____

Printed Name _____

Mailing Address

Phone Number _____

Email Address _____