

Name of Person Filing: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Day/Evening Telephone: _____
 Attorney Bar Number (if applicable) _____
 Representing: ☐ Self, Without a Lawyer, OR
☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of the Guardianship of _____

Case No. _____

ANNUAL REPORT OF GUARDIAN FOR ADULT / PROTECTED PERSON

An Incapacitated and/or Protected Person

This annual report covers the period:

FROM: _____ (month/day/year) TO: _____ (month/day/year)

DUE: _____ (month/day/year)

Instructions to Guardian: Arizona law (A.R.S. §§14-5209(4) and 14-5315) requires every guardian of an adult 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: Clerk of Superior Court, Mohave County Courthouse, PO Box 7000, Kingman, AZ 86402. 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: _____

Ward's Address: _____

Ward's Telephone: _____

Residential situation (private home, boarding home, nursing home, etc.)

2. Information about person in charge of home or facility.

Name: _____

Facility: _____

Address: _____

Telephone: _____

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. Major changes in the Ward's physical and/or mental condition in the last year as observed by the guardian: _____

C. Physician's report is attached as Exhibit "A".

5. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone: _____

6. Information about the Guardianship.

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

Date of 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:

Person responsible for managing Ward's assets:

Name: _____

Address: _____

Telephone Number: _____

8. Summary of governmental services provided to the ward and individual responsible for Ward's affairs with that agency:

Services provided

Agency/Individual

Services provided

Agency/Individual

Services provided

Agency/Individual

Case No. _____

Respectfully submitted this _____ day of _____, 20____.

Print Guardian's Name

Signature of Guardian

9. **AFFIDAVIT OF MAILING: Under penalty of perjury**, I state to the Court that I have mailed or will mail a copy of this Annual Report of Guardian to the following people at the following address(es) on this date:

(Month / Day / Year)

- Name: _____
Address: _____
City, State, Zip Code _____

- Name: _____
Address: _____
City, State, Zip Code _____

- Name: _____
Address: _____
City, State, Zip Code _____

- Name: _____
Address: _____
City, State, Zip Code _____

10. Signature of person mailing the document: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of Guardianship of:

Case No: _____

**EXHIBIT "A" PHYSICIAN'S
ANNUAL REPORT**

An Incapacitated and/or Protected Person

1. Date patient last seen?

2. Please specify the nature of this patient's disability and diagnosis.

3. Has the patient been treated or hospitalized in the past year?

4. If the patient is currently on medication, please list them.

5. Are there any further medical evaluations, therapies or treatments you feel would benefit this patient?

6. Do you feel this ward continues to require the services of a legal guardian? If not, please explain.

7. Do you feel the patient's current living situation is an appropriate setting? If not, what setting would be most suitable?

Case No. _____

8. Please make any additional comments or suggestions you feel would be valuable to the guardian in planning for this patient.

Date

Physician's Signature

Please return this completed form to:
