

FOR CLERK'S USE ONLY

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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  
\_\_\_\_\_  
A Minor  
\_\_\_\_\_

Case No. \_\_\_\_\_

**ANNUAL REPORT OF GUARDIAN  
FOR A MINOR**

PERIOD FROM: \_\_\_\_\_  
Month / Day / Year

TO: \_\_\_\_\_  
Month / Day / Year

DUE: \_\_\_\_\_  
Month / Day / Year

**Instructions to Guardian:** Arizona law (A.R.S. §14-5315) requires every guardian of a minor to advise the Court each year regarding the minor. 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, P.O. Box 7000, Kingman, AZ 86402. You must also mail a copy of the report to anyone else who has appeared in the case. You must mail a copy to the Minor, 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 Minor.**

Minor's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month / day / year

**2. Information about where the Minor lives.**

- A. Describe the residential situation where the minor lives (private home, boarding school, etc)  
\_\_\_\_\_
- B. Provide the information requested below about the home or facility.  
Name of person in charge: \_\_\_\_\_  
Name of facility: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

**3. Information about the minor's doctor.**

Minor's Current Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

**4. Information about the minor's physical and mental health.**

A. Date the minor was last seen by a doctor: \_\_\_\_\_

B. Major changes in the minor's physical and/or mental condition in the last year as observed by the guardian. (Please describe any change(s) below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**5. Information about the minor's education.**

Name of School District: \_\_\_\_\_

Name/Address of school: \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Describe minor's school experience (grades, relationships, behavior): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**6. Information about the guardianship.**

Number of times the guardian has seen the minor 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 minor's assets:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**8. Information about State, County or Federal Agency Services:** Does the minor 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 minor. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Guardian's Name

\_\_\_\_\_  
Signature of Guardian

10. **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 \_\_\_\_\_

11. 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**

\_\_\_\_\_  
A Minor

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.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

**Please return this completed form to:**

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