My Name: _____
Co-Guardian's Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or Conservatorship of:

Case Number: GC_____

GUARDIAN'S REPORT

Name of Ward 1: _____
Name of Ward 2: _____
Name of Ward 3: _____

[ ] An Adult [ ] A Minor

[ ] **ANNUAL REPORT AND NOTICE OF HEARING**
[ ] On the non-appearance calendar
[ ] **REPORT UPON DISCHARGE**

NOTICE OF HEARING:

Fill out the "Notice of Hearing" section only if this is an Annual Report.

The court has set a hearing to review this Report as follows:
Date: _____ Time: _____ Division: _____
(All Divisions are in the Coconino County Courthouse, 200 N. San Francisco St., Flagstaff, AZ.)
Unless it is on the non-appearance calendar, the guardian shall appear at the hearing. Anyone else with an interest in this case needs to appear at the hearing only if they want to object to part of this Report.

If you know in advance that you can't attend the hearing on the date scheduled, you may ask the court to reschedule, or "continue", the hearing. Asking for a continuance involves multiple steps and deadlines that the court will expect you to know and follow. See the Self-Help Center packet *Moving a Court Date to a Later Date*.

GUARDIAN'S REPORT:

Report Period Opening Date: _____ Closing Date: _____

	Opening Date	*Closing Date*
For an Annual Report:	*If this is the first Report: Enter the date the judge signed the Order Appointing a Guardian and/or Conservator*	*Enter the date nine months from the Opening Date*
	If this is not the first Report: Enter the Closing Date of the last Report	*Enter the date one year from the Opening Date*
For a Report Upon Discharge:	*Enter the Closing Date of the last Report*	*Enter the date you fill out this form*

The Ward:

Ward 1's Age: _____ Birthdate: _____ Year Minor Will Turn 18: _____
Ward 2's Age: _____ Birthdate: _____ Year Minor Will Turn 18: _____
Ward 3's Age: _____ Birthdate: _____ Year Minor Will Turn 18: _____

The Guardian and/or Conservator:

NAME: _____ Phone: _____
Street Address: _____ City, State, Zip: _____
NAME: _____ Phone: _____
Street Address: _____ City, State, Zip: _____
[ ] True or [ ] False: The guardian has been charged with or convicted of a criminal offense, other than a civil traffic violation, during this report period. *If True, explain:*
Charge: _____ Court: _____ Case Number: _____

Where the Ward Lives:

The information about where the ward lives [ ] changed or [ ] did not change during this report period.

If it changed, enter the new information:
Ward's Address: _____
Phone Number: _____
The ward lives in the private home of: _____
The ward lives in the following facility: _____
Facility Type: _____ Person in Charge of Facility: _____
Address: _____

Governmental Agency Services:

The ward received services from the following governmental agency:
AGENCY'S NAME: _____
Person Responsible for the Ward's Affairs at the Agency: _____
Summary of Services: _____
AGENCY'S NAME: _____
Person Responsible for the Ward's Affairs at the Agency: _____
Summary of Services: _____

Certificate of Delivery:

I will mail or hand-deliver a copy of this Report to the following people on the day I file it:

Enter the name and address of each person listed on the Petition for Guardianship and/or Conservatorship under "People Entitled to Notice". If any person listed can't be found, enter that person's last address listed in the court file. If that person has no address in the court file, do not list that person. Also enter the name and address of 1) any guardian other than you and 2) any court-appointed attorney of the ward.

	WARD 1	WARD 2	WARD 3
THE WARD OVER 13			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THE WARD'S MOTHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR FATHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR CLOSEST ADULT RELATIVE			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR COURT-APPOINTED ATTORNEY			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THEIR CONSERVATOR			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
PEOPLE HAVING CARE OR CUSTODY OF THEM			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
THE WARD'S SPOUSE:			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____

	PEOPLE WHO FILED A DEMAND FOR NOTICE	THE WARD'S ADULT CHILDREN
NAME:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
NAME:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____

Contact Between the Ward and the Guardian:

Number of Times I've Seen the Ward in the Last 12 Months: _____
Date I Last Saw the Ward: _____

The Ward's Physician:

Physician's Name: _____
Address: _____
Date a Physician Last Saw the Ward: _____
A copy of the physician's report is attached.

Inpatient Mental Health Care Authority:

If I have inpatient mental health care authority, a report by a psychiatrist or psychologist explaining whether the ward currently needs inpatient mental health care and treatment is attached.

The Ward's Status:

Major changes in the ward's physical or mental condition during the report period:

_____
_____

Why the guardianship should continue or change:

_____
_____

Anything Else I Want the Court to Know:

_____
_____
_____
_____
_____

_____	_____
My Signature	Co-Guardian's Signature
Date: _____	Date: _____