IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR THE COUNTY OF CLACKAMAS Probate Department

	Matter of the Guardianship of)) ANN) FOR I	No. P UAL REPORT OF GUARDIAN PERIOD ENDING: (End date)
Birth 1	Date of Protected Person:		
Do no	t leave any blanks, and do not dup	licate completed just the med above and m	ake the following report as required by ORS
1.	Name(s) of all guardians: (Note:	all guardians mu	st sign report.)
2.		rdian: Phone:	Email:
	Name:	Phone:	Email:
	Address:		
3.	The name (if applicable) and add	ress of the place v	where the protected person now resides is:
4.	The protected person is currently	residing at the fol	lowing type of facility or residence:
5.	The name of the individual prima		or the care of the protected person at the

	name and address of any hospital or other institution where protected person is now admitted as been admitted (on a temporary or permanent basis) is:
Plea	se describe the protected person's physical condition:
Plea	se describe the protected person's mental condition:
Plea	se describe the contacts you made with the protected person during the past year:
Plea	se describe major decisions made on the protected person's behalf during the past year:
	protected person is currently engaged in the following programs and activities and receiving following services (brief description):
	re my last report, I have delegated the following powers over the protected person for the owing periods of time:
Nan	ne of Person:
Pow	rers delegated:
Peri	od(s) of time:

Shou	ald the guardianship continue? (Circle one) YES NO Describe why, or why not:				
	ne time of my last report, I held the following amount of money on behalf of the protect on: \$				
	e my last report, I received the following amount of money on behalf of the person: The source of this money was				
I spe	nt the following amount of money on behalf of the person:				
I nov	w hold the following amount of money on behalf of the person:				
I HE	I HEREBY CERTIFY THAT SINCE MY LAST REPORT:				
A.	I have been convicted of the following crimes (not including traffic infractions): (If none, so state)				
В.	I have filed for or received protection from creditors under the Federal Bankruptcy No If Yes, Bankruptcy Case No. and brief explanation:				
C.	I have had a professional or occupational license revoked or suspended: No If Yes, explain:				
D.	I have had my driver's license revoked or suspended: No If Yes, explain:				
	CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN OR O THE PROTECTED PERSON OR MINOR (IF 14 YEARS OF AGE OR OLDE				
SERVA	R CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN TO ATOR FOR THE PERSON AND TO ALL INDIVIDUALS WHO ARE ENTITLE IR WHO HAVE REQUESTED NOTICE, AS FOLLOWS:				

DATED:	SIGNATURE OF GUARDIAN	
	ort is true to the best of my knowledge and belief, and that I idence in court and is subject to penalty for perjury.	
DATED:		
	SIGNATURE OF CO-GUARDIAN	
APPROVED this day of	, 20	
	Index of the Circuit Count	
	Judge of the Circuit Court Probate Coordinator	