

6. The name and address of any hospital or other institution where protected person is now admitted or has been admitted (on a temporary or permanent basis) is:

7. Please describe the protected person's physical condition:

8. Please describe the protected person's mental condition:

9. Please describe the contacts you made with the protected person during the past year:

10. Please describe major decisions made on the protected person's behalf during the past year:

11. The protected person is currently engaged in the following programs and activities and receiving the following services (brief description):

12. Since my last report, I have delegated the following powers over the protected person for the following periods of time:

Name of Person: _____

Powers delegated: _____

Period(s) of time: _____

13. I was paid for providing the following items of lodging, food or other services to the protected person: _____

14. Should the guardianship continue? (Circle one) **YES NO** Describe why, or why not:

15. At the time of my last report, I held the following amount of money on behalf of the protected person: \$_____

Since my last report, I received the following amount of money on behalf of the person:
\$_____. The source of this money was _____

I spent the following amount of money on behalf of the person: \$_____

I now hold the following amount of money on behalf of the person: \$_____

16. 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) _____

B. I have filed for or received protection from creditors under the Federal Bankruptcy code:
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: _____

I HEREBY CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN OR MAILED TO THE PROTECTED PERSON OR MINOR (IF 14 YEARS OF AGE OR OLDER).

I FURTHER CERTIFY THAT A TRUE COPY OF THIS REPORT HAS BEEN GIVEN TO ANY CONSERVATOR FOR THE PERSON AND TO ALL INDIVIDUALS WHO ARE ENTITLED TO NOTICE, OR WHO HAVE REQUESTED NOTICE, AS FOLLOWS:

<u>PERSON</u>	<u>By Personal Service or by Mail at:</u>	<u>Date served/mailed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

