

IN THE MATTER OF

Amended

Name _____

**Annual Report on
the Condition of the Ward**

Date of Birth _____

Case No. _____

1. LOCATION AND ADDRESS OF WARD

A. The ward lives at [Street, City, County, State, Zip] _____

B. What type of facility is this?

- Private Home or Apartment Adult Family Home Group Home Foster Home
 Community-Based Residential Facility Center for Developmentally Disabled Intermediate Facility Nursing Facility
 Other: _____

Name of facility (if any) _____

2. HEALTH AND LIVING CONDITIONS OF THE WARD

A. How often do you personally observe the living conditions and care of the ward?

Daily Weekly Monthly Other: _____

B. Do you contact your ward in other ways? Telephone Mail Other: _____

C. Has your ward's health changed in the last year?

No change Improved Worsened Please explain: _____

D. Are you endeavoring to secure necessary care or services in the ward's best interest by regularly examining the ward's medical records, participating in staff meetings and treatment decisions, and consulting with health care and social service providers? Yes No Please explain: _____

3. LEAST RESTRICTIVE ENVIRONMENT CONSISTENT WITH THE WARD'S NEEDS is an environment that provides the least possible restriction on the ward's personal liberties and rights, and promotes the greatest possible integration of the ward into the community.

A. Is the ward living in the least restrictive environment considering his/her needs? Yes No

B. Has your ward been transferred to a more or less restrictive environment during the past year?

No change. To a **less** restrictive environment. To a **more** restrictive environment.

Please explain change and date _____

4. RECOMMENDATIONS REGARDING THE WARD

See attached

File with Court Official:	Guardian(s) Signature	
	Date Signed	Guardian's Telephone Number
	Guardian's Name and Address (<input type="checkbox"/> Check if address changed in last 12 months and indicate current address.)	