

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.)		