

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

☐ Amended

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Annual Report on  
the Condition of the Ward  
(Adult Guardianship)**

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?
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Private Home or Apartment            | <input type="checkbox"/> Adult Family Home                   | <input type="checkbox"/> Group Home            | <input type="checkbox"/> Foster Home      |
| <input type="checkbox"/> Community-Based Residential Facility | <input type="checkbox"/> Center for Developmentally Disabled | <input type="checkbox"/> Intermediate Facility | <input type="checkbox"/> Nursing Facility |
| <input type="checkbox"/> 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 \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Guardian's Address (☐ Check if address changed in last 12 months and indicate current address.) \_\_\_\_\_

Email Address \_\_\_\_\_

Guardian's Telephone Number \_\_\_\_\_

Date \_\_\_\_\_