

(CAPTION)

(Annual) (Final) Report on the Condition of the Guardian's Ward

From _____, _____ to _____, _____.

Comes now,

Name

Address

City, State & Zip Code

(Area Code) Telephone Number

guardian in the above entitled estate and submits the following (annual) (final) report on the condition of:

Name

Date of Birth

Social Security Number

1. That the ward resided at the following places during the reporting period:

(address)

(type of residence)

(length of stay)

2. That the approximate number of times the guardian has had contact with the ward, and the nature of such contacts and the date the ward was last seen by the guardian is as follows:

3. A summary of the medical, social, educational, vocational and other professional services received by the ward during the reporting period is as follows:

4. If the ward is institutionalized, the results of an investigation into the nature and appropriateness of the ward's care and treatment are as follows:

5. Changes in the mental or physical condition of the ward observed by the guardian are:

6. Any major problems relating to the guardianship which have arisen during the reporting period are:

7. The opinion of the guardian as to the need for the continuation of the guardianship and whether it is necessary to increase or decrease the powers of the guardian is:

8. Compensation requested and expenses incurred by the guardian are:

9. Other information required by the court is:

Guardian

STATE OF KANSAS

ss:

County of _____

_____ of lawful age, being first duly sworn on oath

states: That _____ is the guardian
above named; that

_____ has read the above (annual) (final) Report on the
Condition of

Guardian's Ward; that _____ knows the content thereof,
and that all

the statements made therein are true.

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal)

Notary Public

My Appointment Expires: