

STATE OF VERMONT

SUPERIOR COURT
Unit

PROBATE DIVISION
Case No. _____

In re Guardianship of:

GUARDIAN'S ANNUAL REPORT ON ADULT GUARDIANSHIP

The following is a report to the Court concerning: _____
name of respondent *age of respondent*

for the period beginning _____ and ending _____

I hereby state under oath that the following facts are true concerning the Respondent who is under my guardianship.

1. Respondent's current address:

<i>Mailing Address</i>	<i>*Physical Address (if different)</i>

Respondent resides in (check one):

- ☐ Private Home

☐ Nursing Home

☐ Group Home
- ☐ Rehabilitation Facility

☐ Other (describe) _____

**Please provide name of residential provider and address if respondent does not reside with the guardian.*

2. Respondent's current health and health care needs: *(describe all aspects of health care for Respondent including his/her physical health, mental health and dental care.)*

3. Respondent's educational, employment and community-based activities:

4. My activities as guardian for the Respondent:

5. Respondent's Financial Assets:

I ☐ am ☐ am not managing the Respondent's financial assets.

If you are only managing Respondent's Social Security benefits, attach the Accounting When Only Income Is Social Security Benefits form (700-00400). If you are managing other assets for the Respondent, a Summary of Account for Adult Guardianship form (700-00089PAG) must be filed with this report. The forms are available on the Adult Guardianships web page:

www.vermontjudiciary.org/probate/adult-guardianships

6. Recommendations for changes to Guardianship Order:

I recommend that the Guardianship Order be changed: ☐ Yes ☐ No

If Yes, attach a request to modify or amend Guardianship Order.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Guardian Information

Date _____

Signature _____

Printed Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Co-Guardian Information

Date _____

Signature _____

Printed Name _____

Mailing Address _____

Phone Number _____

Email Address _____