

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:

Table with 2 columns: Mailing Address, \*Physical Address (if different)

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.)

Blank lines for describing health and health care needs.

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

Blank lines for describing educational, employment and community-based activities.

**4. My activities as guardian for the Respondent:**

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**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](http://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

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Phone Number \_\_\_\_\_

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

**Co-Guardian Information**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Mailing Address

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Phone Number \_\_\_\_\_

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