

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 the 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.)

Horizontal lines for text input

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

Horizontal lines for text input

4. My activities as guardian for the Respondent:

5. Respondent’s Financial Assets:

a. I **am** **am not** appointed to manage financial assets of the person under guardianship.

b. I **am** **am not** the Representative Payee for the person under guardianship.

Name of Representative Payee, if not you _____

Address of Representative Payee, if not you _____

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

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 _____