

THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

ANNUAL REPORT OF THE GUARDIAN OF THE PERSON
REPORTING PERIOD: _____

1. Guardian Name _____ Telephone _____
Mailing Address _____

Guardian Name _____ Telephone _____
Mailing Address _____

2. Ward Name _____
Date of Birth _____ Telephone _____
Mailing Address _____
Residence address, if different from above _____

3. Name of facility where ward resides _____
Type of facility: Private home Group Home Nursing Home
 Institution Other (specify) _____
Contact Person _____ Telephone _____

4. Describe the following:
Supportive services being provided the ward:

Appropriateness of care and treatment:

5. Describe physical health of ward _____
Significant changes since last report _____
Hospitalizations since last report _____
Surgical procedures since last report _____
Illnesses since last report _____

6. Describe mental health of ward _____
Psychiatric treatments since last report _____

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ANNUAL REPORT OF THE GUARDIAN OF THE PERSON-ADULT

7. Has there been any change of living conditions of the ward since the last report?
 Yes No If yes, please explain. _____

8. If the ward lives with the guardian, list the names and addresses of any adults who are new to the home since the last report. Those persons must complete a Criminal Record Release Authorization form and DHHS Record Release Authorization form and file the forms with the court.

9. Specify any proposed changes in the living situation of the ward.

10. Specify guardian's plan for preserving and maintaining the well-being of the ward.

11. If guardian is being paid for services indicate the source: _____
And amounts: fee \$ _____ Prior fees to date: \$ _____

12. Guardianship should be: Continued Terminated Altered
Specify facts supporting your recommendation and provide any other information that may assist the court to better assess the general welfare of the ward.

I certify that on this date I provided this document(s) to the ward by: Hand-delivery OR US Mail OR Email (E-mail only by prior agreement of the parties based on Circuit Court Administrative Order).

Date

Guardian Signature

Date

Guardian Signature

ORDER

Read and Noted. No further action is needed.
 Read and Noted. The following further action is needed: _____

Date

Judge