

Instructions for completing
Annual Report of the Guardian of the Person
(NHJB-2166-P)

Form use. RSA 464-A:35 requires that the guardian of an incapacitated person (ward) file an annual report each year to report on the general status of the ward. A copy of this report must be sent to the ward.

Top section of form

- COURT NAME:** Enter the name of the circuit court where the document will be filed. (example: 4th Circuit-Probate Division-Laconia; 10th Circuit Court-Probate Division-Brentwood).
- CASE NAME:** Enter the name of the case (example: Guardianship of John Adams; Guardianship of Susan Jones).
- CASE NUMBER:** Leave blank if not yet assigned by court OR fill in case number if it is known.
- REPORTING PERIOD:** Enter the dates (FROM: month/day/year, TO: month/day/year) for this report.

Numbered section of form

1. The **Guardian Name** is the name of the person filing this report. Enter that person's name, telephone number and complete mailing address with zip code.
If there are co-guardians, enter the second person's name, telephone number and address information.
2. The **Ward Name** is the name of the adult who is under guardianship. Enter the person's name, telephone number and complete mailing address with zip code.
Enter the **Residence Address**, if the person's mailing address is different from his/her physical street address.
3. The **Name of Facility** is the name of the facility in which the person is living, if applicable.
Check off the **Type of facility** box that best describes the kind of facility in which the person resides or check off 'Other' and enter the specific type.
Enter the name and telephone number of the **Contact Person** at this facility.
4. Enter the **Supportive services being provided the ward** by describing the type of services this person receives such as mental health care, social services, rehab services etc.
Enter your opinion of the **Appropriateness of care and treatment** received by the ward during this reporting period.
5. Describe the **Physical health** of the ward by explaining the general overall health of the adult. List any **Significant changes** in the ward's health during this reporting period.
Enter the dates and reasons for any **Hospitalizations** of the ward during this reporting period.
Enter the dates and the **Surgical procedure** performed on the ward during this reporting period. List any **Illnesses** experienced by the ward during this reporting period.
6. Describe the **Mental health** condition of the ward.
List any **Psychiatric treatments** including therapy, medications or other treatments the person has received during this reporting period.

7. Check off either the 'yes' or 'no' box to indicate whether or not any **Changes of living conditions** may have occurred in the household or residence during this reporting period. If yes, explain the changes in detail.
8. List the names and addresses of any adults who have moved into the home where the ward lives since the last report was filed. These persons must complete a Criminal Record Release Authorization form and a DHHS Record Release Authorization form and file the forms with the court.
9. Explain any **proposed changes in the living arrangements** of the person.
10. Explain in detail your **plan for preserving and maintaining the well-being** of the ward including continued care and support of the person.
11. If the guardian is being compensated for acting as guardian, indicate the source, the fee amount for the time period being reported and prior fees already paid to guardian. This applies to all guardians who are paid for their services, including family members and professional guardians. See RSA 464-A and Administrative Order 16. Do not include reimbursement for expenses such as mileage, clothing, food or payments made to third parties for services.
12. Check off the appropriate box that represents your recommendation to the court about this guardianship. There are three options:
 - Guardianship should be **Continued** would be used if the guardian maintains the current guardianship is in the best interest of the ward.
 - Guardianship should be **Terminated** if the guardian recommends that the current guardianship should end.
 - Guardianship should be **Altered** if the guardian recommends changes to the current guardianship arrangement to better provide for the care and welfare of the ward.

Explain your reasons, specific facts and any other information you would like to give the court.

Signature section

Check off the box to indicate how you provided the document to the ward. Then sign the form on the **Guardian Signature** line, and date it in the appropriate space to the left. If there are two guardians, both guardians must sign and date the form.

Order

This section will be completed by the judge.

Review the completed form for accuracy prior to filing it with the court. If completing this form on-line, some fields may be filled in automatically based on entries in other fields. If more space is needed for any question, please attach additional sheets of paper.