

IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY, MARYLAND

IN THE MATTER OF:

_____)	
	(Family Law No. _____
)	Civil No. _____
	(Equity No. _____

ANNUAL REPORT

For _____, Disabled Person

Completed by _____, Guardian(s)

1. The name and permanent residence of the disabled person are:

_____.

2. The disabled person currently resides or is physically present in:

_____ own home	_____ guardian's home
_____ nursing home	_____ hospital or medical facility
_____ foster or boarding home	_____ relative's home
	_____ (relationship)
_____ other	

If other than disabled person's permanent home, state the name and address of the place where the disabled person lives:

_____.

3. The disabled person has been in the current location since

_____ (date).

If the person has moved within the past year, the reason for the change

is: _____

_____.

4. The physical and mental condition of the disabled person is as follows: _____

_____.

5. During the past year the disabled person's physical or mental condition has changed in the following respects: _____

_____.

6. The disabled person is presently receiving the following care: _____

_____.

7. I have applied funds as follows from the estate of the disabled person for the purpose of support, care, or education: _____

_____.

8. The plan for the disabled person's future care and well-being, including any plan to change the person's location, is: _____

_____.

9. () I have no serious health problems that affect my ability to serve as guardian.
- () I have the following serious health problems that may affect my ability to serve as guardian:

_____.

10. This guardianship () should be continued.
() should not be continued for the following reasons:

_____.

11. My powers as guardian should be changed in the following respects and for the following reasons:_____

12. The Court should be aware of the following other matters relating to this guardianship:_____

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS REPORT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Guardian's Signature

Guardian's Signature

Street Address or Box Number

Street Address or Box Number

City, State and Zip Code

City, State and Zip Code

Telephone Number (Daytime)

Telephone Number (Daytime)

Telephone Number (Home)

Telephone Number (Home)

Date:_____

Date:_____

Name of Guardian's Attorney

Street Address or Box Number

City, State and Zip Code

Telephone Number (Daytime)