

PROBATE COURT OF BALDWIN COUNTY
ANNUAL REPORT OF GUARDIAN
CASE NO. _____

1. Name and Address of Ward or Minor:

2. Name and Address of Guardian:

3. Phone Number of Guardian: Home _____
Office _____

4. In your own words, state the general physical and mental condition of the ward/minor:

5. If the ward/minor has an estate, please state the value:

\$ _____

6. Has the ward/minor been hospitalized in the last 12 months?
Yes ____ No ____ . If the answer is yes, please give details (dates, reasons & name of doctor (s)):

7. Approximately how many times per month do you visit with the Ward/minor? _____ per month. If the ward or minor lives with The guardian, insert " NA " in the blank.

8. I, the undersigned Guardian, do hereby state that the foregoing information given by me is true and correct to the best of my knowledge and belief.

Date: _____

Signature of Guardian

Note: You may attach additional pages if necessary to complete answers to this report. Upon completing this form mail it to:
Probate Court of Baldwin County, Box 459, Bay Minette, Al 36507