

IN THE MATTER OF

CASE NUMBER

ANNUAL REPORT OF GUARDIAN

Guardian: _____
Address: _____
Telephone (O): _____
(H): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:
(Attach additional sheets if necessary. Please type or print in ink.)

1. Where is the incapacitated person living?

2. What is the general physical and/or mental condition of the incapacitated person? List any significant changes since your last report or appointment.

3. Has the incapacitated person been seen by a physician this past year? NO YES
(If yes, please give doctor(s) names, approximate dates of visits, complaints and doctor's findings.)

4. What medical or other professional care or treatment, housing, education, therapy, or training needs do you foresee the incapacitated person as needing during the upcoming year?

5. Are you in control of any tangible property of the incapacitated person? NO YES
(If yes, describe and report on its condition.)

6. Are you also the Conservator for the incapacitated person? NO YES
(Answer the following questions **only** if your answer is **NO** to the above.)

7. Did you receive any money from any source on behalf o the incapacitated person? NO YES
(If yes, attach a sheet detailing receipts and expenditures including dates.)

8. Have you been paid any funds for care of the incapacitated person during the reporting time? NO YES

9. Have any assets or items of the incapacitated person been transferred to you during the reporting time? NO YES
(If yes, attach a sheet listing assets transferred and dates.)

SWORN to before me this _____ day of _____, 20____

Notary Public for South Carolina
My Commission expires: _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____
E-mail: _____

Check here if address or telephone number has changed since last report.