

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
PROBATE DIVISION

IN RE: Intervention Proceeding  
No.

REPORT OF GUARDIAN ( )

I, the undersigned, represent that I am the guardian of the above named ward, and that my report to the Court is as follows:

1. Present age of ward: Date of birth:

2. Current address of ward:

3. Ward's residence is:

- own home guardian's home
- nursing home hospital or medical facility
- foster or boarding home relative's home

(relationship)

other:

4. Ward has been in present residence since (date)

State reasons for any change of residence within the past reporting period:

5. During the past reporting period, I visited the ward times,  
The date of the last visit was

**6. During the past reporting period the ward's mental health has:**

**remained about the same.**

**improved. (Describe:)**

**deteriorated. (Describe:)**

**7. During the past reporting period the ward's physical health has:**

**remained the same.**

**improved. (Describe:)**

**deteriorated. (Describe:)**

**8. During the past reporting period the ward has been treated or evaluated by the following**

**Physician. Name:**

**Address:**

**Psychiatrist. Name:**

**Address:**

**Social or other Case**

**Worker. Name:**

**Address:**

**Other. Name:**

**Address:**

**9. Is the ward under a regular physician's care?            Yes        No**  
**If yes, doctor's name and address:**

10. Describe activities in which the ward has participated during the past reporting period:

Recreational:

Educational:

Social:

Occupational:

Other:

None available

Refuses or unable to participate.

11. As guardian, I rate the ward's living arrangements as

Excellent

Average

Below Average. (Explain:)

12. As guardian, I believe the ward is:

Content with living situation.

Unhappy with living situation.

13. As guardian, I believe the ward has the following unmet needs:

14. In my opinion, this guardianship should be continued

should not be continued. (If not, explain:)

15. If I have been appointed limited guardian, my powers should be

increased decreased. (Explain: )

16. I did did not have possession or control of any of the ward's estate during the reporting period. If in possession or control of any of the estate, please indicate as follows:

a. Total Amount Received and Source:

b. Total Amount Expended and for what purposes:

c. Balance currently in my possession or control and location.

The undersigned swears that the answers set forth above are true and correct to the best of my knowledge and belief, subject to the penalties of making a false affidavit or declaration.

DATE

\_\_\_\_\_  
Signature of Guardian

Address of Guardian

City, State, Zip Code

Telephone Number of Guardian

**VERIFICATION**

I, \_\_\_\_\_, being first duly sworn, on oath,  
(name of guardian)  
depose and say that I have read the foregoing pleadings by me subscribed and that the facts therein stated are true to the best of my knowledge, information and belief.

\_\_\_\_\_  
(Signature of Guardian)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, a copy of the foregoing Guardianship Report was served by first class mail, postage prepaid, upon the following parties to the above captioned case and persons granted permission to