

**Superior Court of the District of Columbia**  
PROBATE DIVISION

In re:

Intervention Proceeding  
No. \_\_\_\_\_

\_\_\_\_\_  
An Adult

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:

- |                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> own home                | <input type="checkbox"/> guardian's home              |
| <input type="checkbox"/> nursing home            | <input type="checkbox"/> hospital or medical facility |
| <input type="checkbox"/> foster or boarding home | <input type="checkbox"/> 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 \_\_\_\_\_.  
(date)

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 \_\_\_\_\_, 20\_\_

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

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, 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 participate pursuant to SCR-PD 303 and persons who requested notice pursuant to SCR-PD 304.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

