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ANNUAL GUARDIAN REPORT INTERVIEW SHEET

1. Name of person protected _____
2. Where is that person located now? _____
If in hospital/care center, admitted since the last report? _____
3. What is the name and address of any hospital or care setting (foster home, nursing home) where the ward is now admitted on a temporary or permanent basis?

4. Description of protected person's place of residence and of programs, activities, or services in which the ward is involved:

5. What is the name and title of the person primarily responsible for the care of the ward at the ward's place of residence? _____
6. Protected Person's
 Birthday: _____ Age: _____
 Soc. Sec.: _____
 Address: _____

7. Any changes in persons important in the life of the protected person (new people, address changes, etc.)
Name, address, telephone:
Spouse/Partner: _____
Adult Children: _____

- Closest relative other than those above: _____ (for notice)
 New persons residing with protected person: _____
 New persons depending on protected person for support: _____
8. Persons familiar with this situation (name, telephone) _____
9. Please confirm the name of the current treating doctor:
 Name: _____
 Address: _____

 Telephone: _____
9. Brief description of the protected person's physical condition: _____

9. Brief description of the protected person's mental condition: _____

12. If the protected person lives in the home, is any doctor or advisor recommending the protected person be placed **for treatment outside the home**? YES NO
If so, WHY? _____

13. Should attorney draft a Notice of Institutionalization? YES NO

14. Brief description of contacts made with the protected person during the past year:

15. Brief description of the major decisions made on the ward's behalf during the past year:

16. Is the name and address of the guardian/conservator the same? YES NO If no:

Name: _____

Address: _____

Telephone: _____

Home: _____

Work: _____

Is the guardian being paid to provide services to the protected person? YES NO

17. Does the guardian or conservator owe any money to, or receive funds regularly from, the protected person? YES NO
If so, please describe: _____

17. Has the guardian/conservator encountered any of the following since the last report:
____ convicted of a crime (excluding traffic infraction)
____ filed or received protection from creditors under Federal Bankruptcy Code
____ had a professional or occupational license revoked or suspended
____ had a driver's license revoked or suspended

19. Will a home need to be sold? YES NO
If yes, attorney should prepare a Petition to Approve Sale

20. Is the financial manager having any trouble? YES NO
Please describe: _____

21. Describe the income and assets of the protected person (briefly)

Income: _____

Assets: _____

22. Do you handle the Social Security as a representative payee? Is someone else a representative payee? _____

23. Should there be any limits on the authority of a guardian or conservator? YES NO
If so, what limits are appropriate?_____

24. Is the ill person receiving funds payable by the Veterans Administration or the Oregon
Department of Human Resources or any other federal/state program? YES NO
If so, describe:_____

25. Are any assets held jointly by the protected person and others? YES NO
If so, discuss with lawyer.

26. Reasons, if any, why the guardianship should continue are:

27. Since the last report, have any powers over the protected person been delegated? If yes, list to
whom and for what period of time.

PLEASE RETURN THIS DOCUMENT TO THE ATTORNEY. THANK YOU.