

IN THE MATTER OF

Amended

**Annual Report  
on the Condition  
of the Ward**

\_\_\_\_\_  
Name of Ward

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**1. LOCATION AND ADDRESS OF WARD**

A. The ward lives at (Facility name [if any] Street, City, County, State, Zip) \_\_\_\_\_,  
and the ward's mailing address (if different) is (Street, City, State, Zip) \_\_\_\_\_.

What type of facility is this?

- Private Home or Apartment       Adult Family Home       Group Home       Foster Home  
 Community-Based Residential Facility       Center for Developmentally Disabled       Intermediate Facility       Nursing Facility  
 Other: \_\_\_\_\_

B. Is your ward in a locked unit? (The ward can not leave the facility when he/she wants to.)       Yes       No

**2. HEALTH AND LIVING CONDITIONS OF THE WARD**

A. How often do you personally observe the living conditions and care of the ward?

Daily       Weekly       Monthly       Other: \_\_\_\_\_

B. Do you contact your ward in other ways?       Telephone       Mail       Other: \_\_\_\_\_

C. Has your ward's health changed in the last year?

No change       Improved       Worsened      Please explain: \_\_\_\_\_

D. Are you endeavoring to secure necessary care or services in the ward's best interest by regularly examining the ward's medical records, participating in staff meetings and treatment decisions, and consulting with health care and social service providers?       Yes       No      Please explain: \_\_\_\_\_

**3. LEAST RESTRICTIVE ENVIRONMENT CONSISTENT WITH THE NEEDS OF THE WARD**

A. Is the ward living in the least restrictive environment for your ward's needs?       Yes       No

B. Has your ward been transferred to a more or less restrictive environment in the last year?

No change.       To a **less** restrictive environment.       To a **more** restrictive environment.

Please explain change and date \_\_\_\_\_

**4. RECOMMENDATIONS REGARDING THE WARD**

See attached

File original with Court Official:	Send copy to: (Board or Agency)	Guardian(s)	
		Date Signed	Guardian's Telephone Number
		Guardian's Name and Address ( <input type="checkbox"/> Check if address changed in last 12 months.)	