Name

Address

Telephone

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAII

IN THE MATTER OF THE GUARDIANSHIP)	FC-G NO. _____
)	
)	ANNUAL REPORT OF THE GUARDIAN
)	
_____)	_____ to _____;
PERSON'S NAME)	(date) (date)
)	NOTICE OF FILING OF ANNUAL REPORT
)	
PERSON'S BIRTHDATE:_____)	
_____)	

ANNUAL REPORT OF THE GUARDIAN

_____ to _____

DATE DATE

1. Information on Guardian

a. _____

Guardian's Name Date Appointed

_____

Residence Address, City, State, Zip Code

_____

Mailing Address, City, State, Zip Code

_____

Home Phone No. Business Phone No.

b. _____
Guardian's Name Date Appointed

_____
Residence Address, City, State, Zip Code

_____
Mailing Address, City, State, Zip Code

_____
Home Phone No. Business Phone No.

2. _____
Case manager/social worker Agency Phone No.

RESIDENTIAL ARRANGEMENTS

3. _____
Person's Residence Address, City, State, Zip Code Phone No.

Description (Circle one): Own home, guardian's home, group home, foster home, care home, intermediate care facility, skilled nursing facility, hospital, other (identify):

If moved since last report, state number of times _____ and reasons:

Caregiver's name: _____

PHYSICAL AND MENTAL CONDITION

4. Physical health: [ ] Improved [ ] Declined [ ] Remained the same

   Mental health: [ ] Improved [ ] Declined [ ] Remained the same

5. Summary of professional medical and mental health treatment and evaluations. Include any hospitalizations and new diagnoses:

   Medications taken:

   Name of physician:_____

   Diagnosis: _____

   Frequency of medication review by physician:_____

6. If person is in nursing facility, please submit a copy of the annual Minimum Data Set (MDS).

SOCIAL CONDITION

7. Have there been any significant changes in person's ability to interact and get along with others? [ ] Yes [ ] No. If yes, please explain:

8. Participation in the following social/recreational activities:

EDUCATIONAL AND TRAINING PROGRAM

9. Identify program and describe person's adjustment and progress since last report:

10. Please attach copy of annual agency report and services plan [if applicable]

FINANCIAL SITUATION

11. Medical Plan(s):_____

12. Was a separate Guardian/Conservator of the Property (other than yourself) appointed by the Second Judicial Circuit, State of Hawaii, to manage ward's financial affairs?
    [ ] Yes [ ] No

_____

Name of Guardian of Property Phone No. Case No.

13. Monthly Income:

Source	Amount	Payee

14. Monthly Expenses:

Item	Amount

15. List major expenditures, dates, amounts and reasons:

16. List assets (checking, savings, etc.), provide balance and date:

EVALUATION AND PLAN

17. Have there been any significant events (abuse, death of a loved one, etc.) that occurred during report period? [ ] Yes [ ] No. If yes, describe:

18. Opinion of guardian and person regarding quality of care and services provided (consult with ward to the maximum extent possible). Indicate *G* for guardian and *P* for person response.

	Satisfactory	Unsatisfactory
Living Arrangements		
Medical		
Mental Health		
Social/Rec. Activities		
Educational/Training		
Financial Management		

Explain unsatisfactory evaluations, need for additional services not currently being provided, and your plan to resolve situation:

19. Do you feel person is capable of making any decisions on his/her own?

[ ] Yes [ ] No If yes, in what areas:

20. Describe person's communication ability (speech, gestures, writing, sign language, use of adaptive equipment, etc.):

21. Guardianship should be: _____ Continued _____ Revoked _____ Changed. Please explain:

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

Guardian's Signature Date

Co-Guardian's Signature Date

IN THE FAMILY COURT OF THE SECOND CIRCUIT

STATE OF HAWAI`I

In the Matter of the Guardianship of)))) _____, (Full Legal Name))) An Incapacitated Person) _____.)	FC-G No. NOTICE OF FILING OF ANNUAL REPORT

NOTICE OF FILING OF ANNUAL REPORT

STATE OF HAWAI`I

TO:

Name and Address:	Name and Address:
_____	_____
_____	_____
_____	_____
_____	_____
Name and Address:	Name and Address:
_____	_____
_____	_____
_____	_____
_____	_____

Notice is hereby given that _____ has submitted the attached Annual Report to the Family Court of the Second Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

Dated: Wailuku, Maui, Hawai`i, _____

_____
Signature of Guardian

Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.

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