

**PROBATE COURT OF TUSCARAWAS COUNTY, OHIO**  
**JUDGE ADAM W. WILGUS**

THE GUARDIANSHIP OF \_\_\_\_\_ CASE NO. \_\_\_\_\_

**GUARDIAN'S ANNUAL REPORT**

*\*\*\*ALL QUESTIONS DO NOT APPLY TO ALL WARDS. PLEASE INDICATE  
**N/A** IF THE QUESTION DOES NOT APPLY.\*\*\**

The undersigned, guardian of the above-named ward, states that my annual report to the Court is as follows:

1. Ward's age: \_\_\_\_\_ 2. Ward's date of birth: \_\_\_\_\_

3. Ward's address: \_\_\_\_\_  
Name of facility, if applicable  
\_\_\_\_\_  
Street address  
\_\_\_\_\_  
City, state, zip code  
\_\_\_\_\_  
Telephone number  
\_\_\_\_\_

4. Ward's residence is:  
 own home     nursing home     assisted living facility     group, foster or boarding home  
 guardian's home     hospital     institution     relative's home \_\_\_\_\_  
Name  
 other \_\_\_\_\_

5. If the ward resides in a facility, the name & title of the person authorized to tell the Court about the ward:  
\_\_\_\_\_

6. The ward has resided in this residence since \_\_\_\_\_

7. If the ward has moved within the past year, explain why \_\_\_\_\_  
\_\_\_\_\_

8. Has the ward changed to a more or less restrictive environment in the past year?  
 no change     more restrictive     less restrictive

9. Is the ward currently in the least restrictive environment for his/her needs?     yes     no

10. The care given to the ward is:     excellent     good     adequate     poor

11. Am I kept informed of the ward's physical and mental condition by facility staff?  
 yes; how: \_\_\_\_\_     no; why? \_\_\_\_\_

12. Do I have concerns or recommendations about the ward's welfare or care? If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. How is the ward's overall physical health?  good  average  poor. If poor, explain: \_\_\_\_\_  
\_\_\_\_\_.
14. During the past year, I think the ward's physical condition has:  remained the same  improved  
 deteriorated; Explain changes: \_\_\_\_\_  
\_\_\_\_\_.
15. How is the ward's overall mental health?  good  average  poor. If poor, explain: \_\_\_\_\_  
\_\_\_\_\_.
16. During the past year, I think the ward's mental condition has:  remained the same  improved  
 deteriorated; Explain changes: \_\_\_\_\_  
\_\_\_\_\_.
17. Name and address of ward's physician: \_\_\_\_\_  
\_\_\_\_\_.
18. The last time the ward was seen by a physician was \_\_\_\_\_ and the purpose was \_\_\_\_\_  
\_\_\_\_\_.
19. I personally visit my ward:  daily  weekly  monthly  quarterly
20. I contact my ward in other ways:  telephone  mail  social worker  other; explain:  
\_\_\_\_\_.
21. The date of my last visit was: \_\_\_\_\_.
22. I would rate the ward's eating habits as:  excellent  good  adequate  poor  
If poor, explain: \_\_\_\_\_.
23. Does the ward require a special diet?  yes  no. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_.
24. I would rate the ward's sleeping habits as:  excellent  good  adequate  poor.  
If poor, explain: \_\_\_\_\_.
25. Is the ward involved in any activities outside of the home/facility?  yes  no.  
If yes, what are they? \_\_\_\_\_.
26. What does the ward do in his/her free time? What are his/her interests? \_\_\_\_\_  
\_\_\_\_\_.
27. Does the ward have regular contact with family members? If not, why? \_\_\_\_\_  
\_\_\_\_\_.

28. Does the ward work?  yes  no. If yes, where and how many hours per week: \_\_\_\_\_  
\_\_\_\_\_.

29. Does the ward seem happy/content? ..... If no, why? \_\_\_\_\_  
.....

30. The ward functions on the level of a \_\_\_\_\_. (5-year-old or third-grader, for example).

31. I believe the guardianship should be  continued.  not continued for the following reasons:  
\_\_\_\_\_  
\_\_\_\_\_.

32. In the past year, I  have  have not developed any disabilities which hinder me from fully attending to my duties as guardian and I am able to continue. If I am unable to continue, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

33. My plan for the ward for the upcoming year includes **(please check at least 3)**:

- visiting the ward more
- monitoring the ward's medications
- accompanying ward to doctor's visits
- assisting with rehabilitation as directed
- initiating/continuing contact with ward's family
- monitoring the ward's physical and/or emotional care
- arranging outings for the ward or taking the ward on outings
- discussing the ward's situation with social workers, treatment teams, teachers, etc. as needed
- purchasing needed items (clothing, personal care, etc.) for the ward
- purchasing items of interest to the ward (books, movies, music, pictures, etc.)
- purchasing furniture or other large items for the ward (wheelchair, walker, etc.)
- decorating/re-decorating the ward's living space
- other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

34. Date this report was submitted for filing: \_\_\_\_\_.

If an attorney was consulted on this report:

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Guardian's signature

\_\_\_\_\_  
Attorney's printed name

\_\_\_\_\_  
Guardian's printed name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Cell phone

**KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE.**

Ohio Revised Code 2921.13 (A) (11)