



Circuit Court for

City or County

Case No.

In the Matter of

Name of Disabled Person

ANNUAL REPORT OF GUARDIAN OF DISABLED PERSON (Md. Rule 10-206(e))

ANNUAL REPORT OF GUARDIAN OF THE PERSON OF WHO IS DISABLED

1. The name and permanent residence of the disabled person are:

2. The disabled person currently resides or is physically present in:

- own home, guardian's home, nursing home, hospital or medical facility, foster or boarding home, other, relative's home: Relationship

(If other than disabled person's permanent home, state the name and address of the place where the disabled person lives .)

3. The disabled person has been in the current location since Date. If the person has moved within the past year, the reasons for the change are:

4. The physical and mental condition of the disabled person is as follows:

5. During the past year, the disabled person's physical or mental condition has changed in the following respects:

6. The disabled person is presently receiving the following care:

7. I have applied funds as follows from the estate of the disabled person for the purpose of support, care, or education:

8. The plan for the disabled person's future care and well-being, including any plan to change the person's location, is:

- 9. I have no serious health problems that affect my ability to serve as guardian.
- I have the following serious health problems that may affect my ability to serve as guardian:

- 10. This guardianship
 - should be continued.
 - should not be continued, for the following reasons:

11. My powers as guardian should be changed in the following respects and for the following reasons:

12. The court should be aware of the following other matters relating to this guardianship:

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

.....
Date

.....
Guardian's Signature

.....
Guardian's Name (typed or printed)

.....
Street Address or Box Number

.....
City and State

.....
Telephone Number



Circuit Court for

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Case No.

In the Matter of

.....
Name of Disabled Person

Petitioner:

.....
Address

.....
City, State, Zip

.....
Telephone

ORDER

The foregoing Annual Report of a Guardian having been filed and reviewed, it is by the Court,

this day of ,
Month Year

ORDERED, that the report is accepted, and the guardianship is continued.

or

ORDERED, that a hearing shall be held in this matter on
Date

.....
Judge

.....
ID Number