



CIRCUIT COURT OF _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

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

(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

.....
Date

.....
Co-Guardian's Signature

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

.....
Street Address or Box Number

.....
City and State

.....
Telephone Number