IN THE DISTRICT COURT OF LYON COUNTY, KANSAS
Filed Pursuant to K.S.A. Chapter 59

In the Matter of the Guardianship of

_____ **Case No. _____**
Name

ANNUAL/FINAL REPORT
(Circle one)
For the period from _____, 20___ to _____, 20____

1. Ward's Address(es) during reporting period, type of residence and length of stay:

2. The approximate number of times the guardian has had contact with the ward, and the nature of such contacts and the date the ward was last seen by the guardian is as follows:

3. Summarize the medical, social, educational, vocational and other professional services received by the ward during this reporting period:

4. If the ward is institutionalized, do you believe the care and treatment provided is appropriate?

5. Have you observed any mental or physical changes in the ward? If yes, please describe.

6. Have any major problems arisen with regard to the guardianship during this reporting period?

7. In your opinion, does the ward continue to require a guardian, and if so, do you believe the powers of the guardian need to be increased or decreased?

8. What compensation are you requesting and are you requesting any reimbursement for expenses incurred as guardian?

9. Other comments:

_____
Guardian

STATE OF KANSAS)
) ss:
County of _____)

_____, of lawful age, being first duly sworn on oath states: that he/she is the above-named guardian; that he/she has read the above annual/final report in the Guardianship of _____; that he/she knows the content thereof, and that all the statements made therein are true.

Guardian_____

Address_____

Phone Number_____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

My appointment expires: _____

_____
Notary Public

Rev. 9/1/2005