

IN RE: _____ Case No.: _____ - G -

AN ALLEGED PROTECTED PERSON DATE FILED: _____

PERIODIC REPORT OF GUARDIAN

West Virginia Code §§ 44A-3-2 and 11

INSTRUCTIONS FOR COMPLETION OF REPORT

- A. This form is a required submission under *West Virginia Code: § 44A-3-2*. Pursuant to the provisions of *West Virginia Code: § 44A-3-11*, the first report of guardian must be completed and filed within six months of your appointment as a guardian, and thereafter by December 31 of each following calendar year. You are also required to file a report of guardian if you resign or are removed from your appointment as a guardian. If the appointment of a guardian is terminated, you are required to file a report unless the Court determines there is no need for a report. The Court may order the filing of additional reports. This report, and any subsequent reports, must be filed with the Circuit Court Clerk on or before the due date above, and also with the fiduciary commissioner or other person to whom the Court may have referred this matter. Failure to file a report of guardian as required by law or by the Court is a misdemeanor criminal offense and can result in a fine of \$100 to \$500 per infraction. The Circuit Clerk is required by law to notify the Court if a required report is not filed or is administratively incomplete.
- B. If a fiduciary commissioner or other person has been referred this matter by the Court, you must provide a copy of this report to him/her. The fiduciary commissioner or other person is responsible for reviewing the report, may request additional information from you, and is required by law to notify the Court or mental hygiene commissioner if any questions or discrepancies appear in a report or if a report is not filed when due. The Court or mental hygiene commissioner may take further action including setting a hearing on the matter.
- C. All information provided in this report must be printed or typed and be clearly readable.
- D. All information requested *MUST* be provided, if know. If unknown, you must state it is unknown.
- E. Please be sure you read and answer all questions carefully and in as much detail as possible.
- F. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable question. **[If completing this form on a computer, continuation sheets will be provided for you at the end of this form.]**

PLEASE TURN TO THE NEXT PAGE TO BEGIN REPORT.

Name of Protected Person: _____

Name of Guardian: _____ Date of Appointment: _____

This report is your: *[check any applicable category]*

first report periodic annual report final report other report ordered by Court

Date of this report: _____ covering a time period from _____ to _____

Date of last report: *[if applicable]* _____ covering _____ to _____

1. Describe the Protected Person's *mental, physical and social* condition during the time period covered by this report:

2. Describe the Protected Person's living arrangements during the time period covered by this report:

3. Describe the medical, educational, vocational and other professional services which were provided to the Protected Person during the time period covered by this report:

4. What is your opinion as to the adequacy of the Protected Person's care:

5. Do you agree with the current treatment and/or habilitation plan for the Protected Person? Explain your response.

6. What is your recommendation as to the need for continued guardianship? Explain your response.

7. Do you recommend any changes in the *scope* of the guardianship? If so, detail the changes recommended and explain the reasons for recommending such changes.

8. Summarize your visits with, and activities of behalf of, the Protected Person:

9. In the space below, provide any information requested by the Court but not otherwise requested in this form:

10. In the space below, provide any further information, which, in your opinion, the Court may find useful in reviewing the case of the Protected Person:

11. Are you requesting compensation for your services as guardian? YES NO
If you responded with "YES," what is the amount of your request? \$ _____

12. What are the reasonable and necessary expenses you have incurred as guardian \$ _____

[If you listed an amount in this question, attach an itemized listing of your reasonable and necessary expenses.]

STATE OF _____,

COUNTY OF _____, to wit:

I, _____, the guardian named in this report, do hereby certify that the information provided in this **PERIODIC REPORT OF GUARDIAN** is true, correct and complete to the best of my knowledge, information and belief.

Given under my hand this _____ day of _____ [month], _____ [year].

GUARDIAN'S SIGNATURE

The foregoing was taken, subscribed and sworn to before me by the said _____,
in my said county and state on this, the _____ day of _____ [month], _____ [year].

Given under my hand and **NOTARIAL SEAL**.

[AFFIX NOTARIAL SEAL]

NOTARY PUBLIC

My Commission Expires: _____.

CONTINUATION SHEET: To be used only if any question above has been completely filled in.

[continued from Question 1]

[continued from Question 2]

[continued from Question 3]

[continued from Question 4]

[continued from Question 5]

[continued from Question 6]

CONTINUATION SHEET: To be used only if any question above has been completely filled in.

[continued from Question 7]

[continued from Question 8]

[continued from Question 9]

[continued from Question 10]

ITEMIZED LISTING OF EXPENSES: *[continued from Question 12]* To be used only if an amount has been entered in Question 12 above.

DESCRIPTION OF EXPENSE	AMOUNT OR VALUE
TOTAL EXPENSES: This total must match amount listed in Question 12 above	