



5. During this reporting period, the following reflects all sources of income (other than social security) received by my for my ward: (add additional pages if needed)

	<b>Date Received</b>	<b>Source of Income</b>	<b>Amount</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
		Total:	_____

6. During this reporting period, the following reflects all payments I have made for my ward: (Add additional pages if needed)

	<b>Date</b>	<b>To Whom Paid</b>	<b>Reason for payment</b>	<b>Amount</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
		:	Total:	_____

7. The present principal assets of my ward are:

	<b>Description of Asset</b>	<b>Present Value</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
	Total:	_____

8. The present amount and sources of income for my ward are:

	<b>Sources of Income</b>	<b>Amount of Income</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

9. The regular monthly expenses of my ward which I pay are:

	<b>To Whom Paid</b>	<b>Amount</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

10. I  have  have not petitioned the Court for permission to invade principal to meet the needs of my ward. (If applicable) The following expenses of my ward have not been paid from principal:

	<b>To Whom Paid</b>	<b>Purpose</b>	<b>Amount</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
		Total:	_____

11. I  have  have not paid myself compensation for services I rendered as guardian.

The amount I paid myself totaled \_\_\_\_\_ and was calculated at the following rate: \_\_\_\_\_ per  week  month.

12. Check the correct response and complete, if applicable.

There will be no need for extraordinary expenditures on behalf of my ward in the next twelve (12) months.

There will be a need for extraordinary expenditures on behalf of my ward in the next twelve (12) months because:

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13. Check the correct response and complete, if appropriate.

My ward receives monthly social security benefits directly.

I am the designated payee to receive my ward's social security benefits.

The designated payee of my ward's social security benefits is:

\_\_\_\_\_  
Whose address is:

\_\_\_\_\_  
And  is /  is not related to my ward as

\_\_\_\_\_  
(insert relationship)  
\_\_\_\_\_

14. Please note any concerns about the incapacitated person's physical or mental well being or the finances that the Court should know.

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15. I  am /  am not guardian of the incapacitated person's person. If yes, my report is attached.

I certify under the penalties of perjury that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Guardian of the Estate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_

(work) \_\_\_\_\_