

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____

FOR CLERKS USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship of:

Case Number JG _____

_____ A Minor

ANNUAL REPORT OF GUARDIAN

PERIOD FROM _____ TO _____ DUE: _____
MO DAY YR MO DAY YR MO DAY YR

Instructions to Guardian: Arizona law (A.R.S. 14-5315) requires every guardian to submit a report to the Court each year regarding the children. Please complete this report and file with the Court on or before the ordered due date. When complete, mail the report to:

Clerk of Superior Court, Juvenile Division
3131 W. Durango St., Phoenix, Arizona 85009
OR 1810 S. Lewis St., Mesa, Arizona 85210

You must also mail a copy of the report to anyone else entitled to notice, including the children if he or she is at least 14 years old, even if he or she resides with you. Fill out the **Affidavit of Mailing** at the end of the report to show the names and addresses of all the people to whom you mail the report and the date on which you mail it.

REMINDER: YOU MUST FILE A SEPARATE DOCTOR'S RECORD, REPORT OR LETTER THAT THE CHILDREN HAVE BEEN SEEN BY A DOCTOR WITHIN THE ONE-YEAR REVIEW PERIOD.

I am the Guardian and I make these statements to the Court under penalty of perjury:

1. Information about the Children.

Children's Names: _____

Street Address: _____

City, State, Zip Code: _____

Telephone: _____ Date of Birth: _____
(month, day, year)

2. Information about where the Children live.

A. Describe where the Children live (private home, boarding school, etc.)

B. Provide the information requested below about the home or facility.

Name of Person in
Charge or Facility: _____

Name of Facility: _____

Street Address: _____

City, State, Zip Code): _____

Telephone Number(s): _____

3. Information about the Children's Doctor.

Current Doctor (Name): _____

Doctor's Address: _____

Doctor's Telephone Number: _____

4. Information about the Children's physical and mental health.

A. Date the Children were last seen by a doctor: _____

B. **Changes in Children's health.** Have there been any major changes in the Minor's physical and/or mental condition in the last year? If so, please describe the change. _____

**YOU MUST SEPARATELY FILE A COPY OF A CURRENT RECORD,
REPORT OR LETTER FROM A DOCTOR OR REGISTERED NURSE**

5. Information about the Children's Education.

a. Name of School District: _____

b. Name/Address of School: _____

c. Last Grade Completed: _____

d. Describe Children's School Experience (grades, relationships, behavior):

6. Information from the Guardian.

How many times have you, the Guardian, seen the Children in the last 12 months? _____

What was the date of the last visit? _____

What is your opinion about whether the guardianship should continue? (Explain.)

7. Information about the Children's assets:

A. Do the Children have assets greater than \$5000? Yes No

B. IF YES, has a conservatorship been ordered as required by A.R.S §14-5401 Yes No

8. Information about State, County or Federal Agency Services: Does the Minor receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Minor.

9. Information about Child's Age and Guardianship After Age of 18:

Will the Child reach the age of 18 within the next twelve months? YES NO

Is the Child disabled or incapacitated to the extent that he or she will need a guardian after reaching the age of 18?

YES. I believe the Minor will need a guardian after the age of 18.

NO. I do not believe the Minor will need a guardian after the age of 18.

10. AFFIDAVIT OF MAILING: I have mailed or will mail this **Annual Report of Guardian** to the following people at the following address(es) on this date: _____

(Month/Day/Year)

Name: _____

Address: _____

City State, Zip Code: _____

Name: _____

Address: _____

City State, Zip Code: _____

Name: _____

Address: _____

City State, Zip Code: _____

Name: _____

Address: _____

City State, Zip Code: _____

UNDER PENALTY OF PERJURY: I declare to the Court that the information I have provided in this document is true and correct to the best of my knowledge and belief.

DATED: _____

Signature of Guardian

PRINTED Name of Guardian