Click here to enter a date.

Clerk of the District Court

Click here to enter text.County Courthouse

Click here to enter text.

Click here to enter text.

Re: Click here to enter text.

Cause No: Click here to enter text.

Enclosed, please find two copies of the annual report in guardianship proceedings. Please retain one copy for the Court file and return the other with a file stamp for our records. A self-addressed, stamped envelope has been enclosed for your convenience.

Thank you for your assistance.

Sincerely

Click here to enter text.

Guardianship Coordinator

STATE OF NEW MEXICO

COUNTY OF Click here to enter text.

Click here to enter text.JUDICIAL DISTRICT COURT

IN THE MATTER OF THE GUARDIANSHIP OF

Click here to enter text. CAUSE NO. Click here to enter text.

An incapacitated adult

GUARDIAN’S

|  |  |
| --- | --- |
| 90 DAY | [ ]  |
| ANNUAL | [ ]  |
| FINAL  | [ ]  |

REPORT ON THE CONDITION AND WELL-BEING OF AN ADULT PROTECTED PERSON

 Date of Appointment: Click here to enter a date

 *Pursuant to Section 45-5-314 NMSA 1978, the undersigned duly appointed, qualified and acting guardian of the*

 *above-mentioned protected person reports to the court as follows (attach additional sheets, if necessary):*

1.

|  |
| --- |
| **PROTECTED PERSON:** |
| Name: Click here to enter text. |
|  Residential Address: Click here to enter text. |
|  Facility Name: Click here to enter text. |
|  City, State, Zip Code : Click here to enter text. |
|  Telephone: Click here to enter text. Date of Birth: Click here to enter text. |
| Name of person primarily responsible at protected person’s place of residence: Click here to enter text. |

2.

|  |
| --- |
| **GUARDIAN:** |
| Name: Click here to enter text. |
|  Business Name (if any): The Arc of New Mexico |
|  Address: 3655 Carlisle Boulevard NE |
|  City, State, Zip Code: Albuquerque, New Mexico 87110-1644 |
|  Telephone: (505) 883-4630 / Alternate phone number: Click here to enter text. |
| Relation to Protected Person: Click here to enter text. |

3.

**FINAL REPORTS ONLY**(otherwise, go to #4.)

I am filing a Final Report because of:

|  |  |
| --- | --- |
| [ ]  | my resignation  |
| [ ]  | death of the Protected Person |
| [ ]  | Court order  |
| [ ]  | Other (please explain):Click here to enter text. |

1. If because of **resignation**, Name of successor, if appointed: Click here to enter text.

 Address: Click here to enter text.

 City, State, Zip Code: Click here to enter text.

1. If because of **Protected Person’s death**: (attach copy of death certificate, if available)

Date and place of death: Click here to enter text.

Name of personal representative if appointed: Click here to enter text.

 Address: Click here to enter text.

 City, State, Zip Code: Click here to enter text.

4. During the past year or 90 days (if initial report), I have visited the Protected Person times. The date of my last personal visit was Click here to enter a date.

5.

1. Describe the residence of the Protected Person:

|  |  |
| --- | --- |
| [ ]  | Hospital/medical facility |
| [ ]  | Protected Person’s home |
| [ ]  | Guardian’s home |
| [ ]  | Relative’s home (explain below) |
| [ ]  | Nursing home |
| [ ]  | Boarding/Foster/Group Home |
| [ ]  | Other: |

Click here to enter text.

1. During the past year or 90 days (if first report), has the protected person changed his/her residence?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No  | [ ]  |

Do you anticipate a change of residence for the protected person in the next year?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No  | [ ]  |

6. The name and address of any hospital or other institution (if any) where the Protected Person is now admitted: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No  | [ ]  |

7. The Protected Person is under a physician’s regular care:

|  |  |  |
| --- | --- | --- |
| **[ ]**  | **Physician:** | Click here to enter text. |
| **[ ]**  | **Dentist (if any):** | Click here to enter text. |
| **[ ]**  | **Mental Health Professional (i.e. psychiatrist, counselor):** | Click here to enter text. |
| **[ ]**  | **Other:**  | Click here to enter text. |

8.

1. During the past year or 90 days (if initial report), the Protected Person’s physical health:

|  |  |
| --- | --- |
| [ ]  | Remained the same |
| [ ]  | Improved |
| [ ]  | Deteriorated |

Primary diagnosis: Click here to enter text.

1. During the past year or 90 days (if initial report), the Protected Person’s mental health:

|  |  |
| --- | --- |
| [ ]  | Remained the same |
| [ ]  | Improved |
| [ ]  | Deteriorated |

Major diagnosis, if any: Click here to enter text.

If physical or mental health has deteriorated, please explain: Click here to enter text.

9. Describe any significant hospitalizations or mental or medical events during the past year or 90 days (if initial report): Click here to enter text.

10. List the Protected Person’s activities and changes, if any, over the past year or 90 days (if initial report):

|  |  |  |
| --- | --- | --- |
| [ ]  | Recreational activities: | Click here to enter text. |
| [ ]  | Educational activities: | Click here to enter text. |
| [ ]  | Social activities: | Click here to enter text. |
| [ ]  | List Active Friends or Relatives: | Click here to enter text. |
| [ ]  | Occupational activities: | Click here to enter text. |
| [ ]  | Other: | Click here to enter text. |

11. Describe briefly any contracts entered into and major decisions made on behalf of the Protected Person during the past year or 90 days (if initial report): Click here to enter text.

12. The Protected Person has made the following statements regarding his/her living arrangements and the guardianship over him/her: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No  | [ ]  |

13. I believe the Protected Person has unmet needs.

If yes, indicated efforts made to meet these needs: Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No  | [ ]  |

14. The Protected Person continues to require the assistance of a guardian:

Explain why or why not: Click here to enter text.

15. The authority given to me by the Court should:

|  |  |
| --- | --- |
| [ ]  | Remain the same |
| [ ]  | Be decreased |
| [ ]  | Be increased |

Why: Click here to enter text.

16. Additional information concerning the Protected Person or myself (the guardian) which I wish to share with the Court: Click here to enter text.

17. If the Court has granted you the authority to make financial decisions on behalf of the Protected Person, then please describe the decisions you have made for the Protected Person: Click here to enter text.

Signature of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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