

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

No. _____

In the matter of

Incapacitated/Disabled Person

GUARDIAN'S ANNUAL REPORT

I, _____, Guardian of the above named ward submit the following information as required pursuant to the provisions of 475.082 R.S. Mo 1985.

The present address of the ward is _____

My present address is _____

During the past year I contacted the ward _____ times.

The nature and description of my contacts with the ward – _____

Date I last saw the ward was _____.

The ward is currently institutionalized in _____
_____. (If not institutionalized, so state.)

As Guardian have you received a copy of the treatment or rehabilitation plan? Yes _____ No _____. If the answer is yes, attach a copy to this report. Do you agree with its provisions? Yes _____ No _____.

The date the ward was last seen by a physician is _____. The purpose of the visit by a physician was _____

I have observed the following major physical or mental conditions of the ward (if none, so state): _____

I feel that the continuation of the guardianship is/is not needed for the following reasons: _____

My opinion as to the adequacy of the care of the ward is as follows: _____

My opinion as to the facility where the ward is residing is as follows:

Comments: _____

Return To:

St. Louis County Probate Court
7900 Carondelet, Fifth Floor
Clayton, MO 63105

Signed this _____ day of _____, 20 _____

Signature of Guardian

Typed Name of Guardian

Street Address

City State Zip Code

Telephone Number

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

REQUIRED INFORMATION

(Supreme Court Rule 21.06 requires that we obtain social security numbers and dates of birth for parties in Probate Cases. **THIS INFORMATION IS KEPT CONFIDENTIAL – ONCE ENTERED INTO SYSTEM, THIS SHEET IS DESTROYED BY SHREDDING.**) **If previously submitted with prior reports, not necessary to complete.**

In the Estate of _____ No. _____

Guardian

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)

Guardian

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)

Ward or Minor

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)