

IN THE THIRD JUDICIAL DISTRICT COURT
OF SHAWNEE COUNTY KANSAS

In the Matter of the Guardianship of

Case No.

Pursuant to K.S.A. Chapter 59

☐ Annual ☐ Final ☐ Amended **REPORT ON THE CONDITION OF THE GUARDIAN'S WARD**

(Note: If this is a final report, it must be accompanied by a copy of the death certificate.)

FROM _____ to _____

Guardian's Name _____	Street Address _____
City and Zip Code _____	Telephone Number _____
	Email Address _____

Guardian for the above entitled matter submits the following report on the ward's condition:

Ward's name _____ **Year of Birth** _____

1. During the reporting period the ward resided at the following places:

_____	_____	_____
address	type of residence	length of stay

2. State the number of times the guardian has had contact with the ward and the nature of those contacts:

_____ Ward resides with me (or) _____ Times in person _____ By Phone _____ Other (explain *) _____
Date last seen by me: _____

3. Why was the guardianship established?

4. What is the current condition of the ward?

5. Summarize the medical, social, educational, vocational, and other professional services received by the ward during this period:

6. The ward ☐ is (or) ☐ is not living in a state institution at ☐ KNI ☐ OSH ☐ Larned ☐ VA ☐ _____
and my investigation into the nature and appropriateness of the ward's care and treatment shows the following:

7. The following changes have been observed in the mental or physical condition of the ward: ☐ none (or)

8. Major problems relating to the guardianship which have arisen during the reporting period are: ☐ none (or)

9. ☐ Guardian feels the guardianship should continue (or) ☐ Guardian feels the guardianship should not continue.
☐ Guardian feels the powers of the guardian should remain unchanged. (or)
☐ Guardian feels the powers of the guardian should be increased
☐ Guardian feels the powers of the guardian should be decreased

Explain any changes requested:

10. State the compensation requested by the guardian from the ward's estate, if any:

11. Are you the caregiver for the ward? ☐ Yes ☐ No

What circumstances, if any, have arisen during the reporting period that could constitute a **conflict of interest** as defined in the 2015 Federal Regulations Concerning HOME AND COMMUNITY BASED SERVICES?

12. Any other information of which you think the court should be informed:

I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF KANSAS, THAT THE FOREGOING REPORT IS TRUE AND CORRECT.

Date

Guardian's signature

Return to:
Clerk of the District Court
Probate Department
Shawnee County Courthouse
200 SE 7th Street, Room 209
Topeka KS 66603