

Information needed to complete Annual Reports

This form does NOT need to be turned in to the Court. It is provided to assist you in gathering the information you will need for your annual reports

1. Ward's Current Address _____

2. How long has the Ward been at this location? _____

3. What type of facility has the Ward lived in during the past year?

4. How many times have you seen or spoke with the Ward since you filed your last report? This can be weekly, monthly or annually. _____.

5. Name and phone number of contact person at facility?

6. How well do you like this facility? _____

7. Name and address of Ward's primary medical care provider?

8. Since the last reporting period the Ward has been treated or evaluated by:
(Include Physicians, Psychiatrists, Psychologists, Social Workers, Physical Therapists, etc.)

9. Attach a list of the Ward's current medications. (you can contact the Ward's care facility or pharmacy to get this information)

10. Describe the Ward's everyday ability to care for self.

11. Describe any changes in the Ward's physical/mental health since last reporting period. _____

12. Has the Ward received any new diagnoses? Yes No

13. List any new diagnoses. _____

14. Name and address of diagnosing doctor?

15. Do you recommend any changes in the guardianship? Yes No

16. If so, what? (e.g. terminate, include more restrictions or limit restrictions)

17. Monies received on behalf of Ward since last reporting period

Item	Description	Amount
1	Wages	
2	Interest Income	
3	Dividends	
4	Social Security Income	
5	Income from Annuities	
6	Income from Insurance	
7	Real Estate Sold	
8	Stocks/Bonds Sold	
9	Money owed to Ward that was received	
10	Miscellaneous Property Sold	
11	Other (Describe)	
12	TOTAL	

18. Payments made on behalf of Ward since last reporting period

Item	Category	(Amount)
1	Mortgage/Rent	
2	Utilities (gas, electricity, water/sewer, phone, internet, etc.)	
3	Home Maintenance (Include cleaning, repairs, etc.)	
4	Home Improvement (Include additions, remodeling, etc.)	
5	Home Furnishings	
6	Health Care (physicians, dentists, psychiatrists)	
7	Food	
8	Education	
9	Clothes	
10	Personal Effects	
11	Activities	
12	Transportation	
13	Taxes	
14	Charge for Conservator's Services	
15	Charge for Guardian's Services	
16	Charge for other Professional Services	
17	Court Fees	
18	Other (Describe)	
19	TOTAL	

* Include copies of tax assessments for all of the Ward's real property and the most recent statements for each of the Ward's bank, credit union and investment accounts.

COVER SHEET FOR GUARDIAN AND CONSERVATOR REPORTING

(You Must file a copy of this Cover Sheet each time you file any document with the court)

Party Identification

Case Number: _____

Name of Guardian(s)

NAME	ADDRESS	PHONE & E-MAIL

Name of Conservator(s)

NAME	ADDRESS	PHONE & E-MAIL

Name of Ward: _____

Street Address: _____

Filing Fee:

☐ Report on Ward or Inventory Report (**None**)

☐ \$15 for Estate \$50,000 or less

☐ \$30 for Estates \$50,001 - \$75,000

☐ \$50 for Estate \$75,001 - \$112,000

☐ \$90 for Estates \$112,001 - \$168,000

☐ \$175 for Estates more ten \$168,000

This is a private record.

Name

Address

City, State, Zip

Phone

Email

I/We am/are the ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of:

(Ward)

Notice of Right to Object

Case Number

Judge

1. To the below listed interested person(s).
2. You may object to all or part of the documents listed below by filing your objection with the court. The court must receive your objection no later than 30 days from the date this notice was mailed.
3. The objection must specify the entries to which you object and the reasons for your objection. If you file an objection, the court will schedule a hearing of which you will be notified.
4. I have filed the documents marked below with the court and have attached copies of these documents to this Notice for you to review. If after reviewing them you don't agree with something, you may file a written objection with the court as explained above.

- ☐ Report on Status of the Ward
- ☐ Inventory (Utah Code Section 75-5-418)
- ☐ Guardian's Financial Accounting to the Conservator (Utah Code Section 75-5-312)
- ☐ Conservator's Financial Accounting to the Court (Utah Code Section 75-5-419)
- ☐ Notice of Right to Object
- ☐ Motion to Terminate the Guardianship and/or Conservatorship
- ☐ Order to Terminate the Guardianship and/or Conservatorship
- ☐ Notice of Change of Address

I/We declare under criminal penalty under the law of Utah that everything stated in this document is true. Signed at _____ (city, and state or country).

Date

Signature

Printed name

Date

Signature

Printed name

Certificate of Service

I certify that on the _____ day of _____, _____, I mailed/emailed or filed through the Court's e-file system a copy of the forgoing Notice of Right to Object to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

Name

Address

Date

Signature

Printed name

This is a private record.

Name(s)

Address (list only one address)

City, State, Zip

Phone (list only one phone number)

Email (list only one email) I/We am/are: ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of:

(Ward)

Report on the Status of the Ward

Case Number

Judge

1. I/We am/are the Guardian(s) of the above-named Ward.
2. The Ward was born on _____ (Ward's birth date).
3. (Check all of the boxes which apply. Fill in the blanks if appropriate)
☐ This is my/our first report.
☐ My/Our previous report covered the period from _____ to _____
4. ☐ This is my/our final report.
5. This report covers the period from _____ to _____.
(Note: The beginning date must be one day later than the ending date of the previous report.)

5. During the reporting period, I/we had contact with the Ward approximately _____
(number of) times ☐ per month or ☐ week.
6. During the reporting period, the Ward has engaged in the following education, training
or social activities:

7. The Ward lives at:
Name of facility (if applicable): _____
Street Address: _____
City, State, Zip: _____
8. (Check all boxes which apply. Fill in the appropriate blanks)
☐ The Ward has been at this location since _____.
☐ The Ward has moved during the reporting period year because _____.
9. The Ward's living arrangement is best described as:
☐ The Ward's home.
☐ A relative's home. Describe the relationship _____.
☐ My home.
☐ A care facility.
10. If the Ward is living in a private home, the following people are living in the same
household with the Ward:

Name	Relationship to the Ward

11. If the Ward is living in a care facility, I would describe the care facility as follows:

The name of the care facility is: _____.

My description of the care facility is: _____.

The following person at the care facility can be contacted for further information:

Name: _____.

Mailing Address: _____.

City, State, Zip _____.

Phone: _____.

Email: _____.

12. I/We rate the living situation as:

☐ excellent

☐ average

☐ below average

Explain: _____.

13. I/We believe the Ward's feelings about the living situation are as follows:

☐ content

☐ unhappy

Explain: _____.

14. I/We recommend a more suitable living arrangement.

☐ No

☐ Yes

Explain: _____.

15. The Ward's primary medical care provider is:

Name: _____.

Mailing Address: _____
City / State / Zip: _____

16. During the reporting period, the Ward has been treated or evaluated by: (Include Physicians, Dentists, Psychiatrists, Psychologists, Social workers, etc.)

Name: _____
Mailing Address: _____
City, State, Zip _____
Date: _____
Purpose: _____
Findings: _____

Name: _____
Mailing Address: _____
City, State, Zip _____
Date: _____
Purpose: _____
Findings: _____

Name: _____
Mailing Address: _____
City, State, Zip _____
Date: _____
Purpose: _____
Findings: _____

17. During the reporting period, the Ward has received the following treatment, therapy or assistive devices:

18. Currently, the Ward is taking the following medications: (Attach medication printout or list below)

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

19. Describe the Ward's cognitive and emotional functioning:

20. Describe the Ward's everyday functioning, such as ability care for self, make medical decisions, and make daily living decisions:

21. During the reporting period, the Ward's mental health has:

☐ remained about the same

☐ improved

☐ deteriorated

Explain: _____
_____.

22. During the reporting period, the Ward's physical health has:

☐ remained about the same

☐ improved

☐ deteriorated

Explain: _____
_____.

23. During the reporting period, the Ward has been diagnosed with a terminal illness.

☐ No

☐ Yes

Diagnosing Doctor: _____

Telephone: _____

Diagnosis: _____

24. The current plan for the Ward's care, training or treatment is:

☐ The plan is on file with the court.

☐ The plan is being submitted along with this Status Report.

25. I/We recommend that the guardianship should be

[] continued

[] modified as follows:

I/We declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

DATED this _____ day of _____, _____.

Signature

Printed Name

DATED this _____ day of _____, _____.

Signature

Printed Name

Certificate of Service

I certify that on the _____ day of _____, _____, I/we mailed/emailed or filed through the Court's e-file system a copy of the forgoing Report on Status of Ward to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATED this _____ day of _____, _____.

Signature

Printed Name

This is a private record.

Name(s)

Address (list only one address)

City, State, Zip

Phone (list only one phone number)

Email (list only one email)

I/We am/are ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of:

(Protected person)

Inventory

(Utah Code Section 75-5-418)

Case Number

Judge

1. I/We am/are the following to the above-named protected person:
☐ Guardian
☐ Conservator
☐ Guardian and Conservator
2. This is a complete inventory of the property owned by the protected person of which I/we am/are aware.
3. Each item of property is valued as of the date of the appointment order,
_____ (date), using "cash accounting value at acquisition"
where possible.

4. Summary

Schedule	Property	Property Value and Debt Amount
A	Real Estate	
B	Stocks and Bonds	
C	Money Owed to Ward	
D	Miscellaneous Property	
E	Debts and Encumbrances	
F	Cash and Cash Accounts	
	Total Net Value	

Schedule A – Real Estate (Appraised value minus debt)

Item	Description	Value on Date of Appointment Order
1		
2		
3		
4		

I/We used the following method to determine the value of the real property listed above:

Property 1: _____

Property 2: _____

Property 3: _____

Property 4: _____

Schedule B – Stocks and Bonds

Item	Description	Value on Date of Appointment Order
1		
2		
3		
4		

Schedule C – Money Owed to Ward

Item	Description	Value on Date of Appointment Order
1		
2		

3		
4		

Schedule D – Miscellaneous Property

Item	Description	Value on Date of Appointment Order
1		
2		
3		
4		
5		
6		
7		
8		

Schedule E – Debts and Encumbrances

Item	Description	Debts on Date of Appointment Order
1		
2		
3		
4		

Schedule F – Cash Accounts (Such as checking or savings accounts)

Item	Description	Amount on Date of Appointment Order
1		
2		
3		
4		
5		

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date Signature ► _____
Printed Name _____

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

Certificate of Service

I certify that on the _____ day of _____, _____, I mailed/emailed or filed through the Court's e-file system a copy of the forgoing **Inventory Report** to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

NAME	ADDRESS

Date

Signature ► _____
Printed Name _____

This is a private record.

Name(s)

Address (list only one address)

City, State, Zip

Phone (list only one phone number)

Email (list only one email)

I am/We are ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of:

(Ward)

☐ **Guardian's Financial Accounting to
Conservator** (Utah Code Section 75-5-312)

☐ **Guardian's / Conservator's Financial
Accounting to the Court** (Utah Code
Sections 75-5-312 and 75-5-419)

Case Number

Judge

1. I am/We are the following to the above-named Ward:

☐ Guardian

☐ Conservator

☐ Guardian and Conservator

2. (Check all of the boxes which apply. Fill in the blanks if appropriate.)

☐ This is my/our first report.

☐ My/Our previous report covered from _____ to _____.

☐ This is my/our final report.

3. This accounting covers the period from _____ to _____.

4. There is an estate plan to guide investment and distribution:

☐ No

☐ Yes

☐ The plan is on file with the court.

☐ The plan is being submitted along with this accounting.

5. Balance Summary (Beginning Balance must agree with Ending Balance of the Inventory or the previous accounting, whichever is later.)

Schedule	Category	Beginning Balance	Gains and Losses	Ending Balance
A	Real Estate			
B	Stocks and Bonds			
C	Money Owed to Ward			
D	Miscellaneous Property			
E	Debts and Encumbrances			
F	Cash and Cash Accounts		**	*
	Total			

* This amount should equal the money in all of the Ward's bank accounts on the last day of the reporting period for this accounting.

** The total Gains and Losses for Cash and Cash Accounts should equal the total for Receipts and Payments.

Summary of of Money Received and Payments Made

1	Money Received Total	
2	Payments Total	
3	Total	**

**The total Gains and Losses for Cash and Cash Accounts should equal the total for Receipts and Payments.

Money Received During the Reporting Period

Item	Description	Amount
1	Wages	
2	Interest	
3	Dividends	
4	Social Security	
5	Annuities	
6	Insurance	
7	Real Estate Sold	
8	Stocks/Bonds Sold	
9	Money owed to Ward that was received	
10	Miscellaneous Property Sold	
11	Other (Describe)	
12	Total	

Payments Made During Reporting Period

Item	Category	(Amount)
1	Mortgage/Rent	
2	Utilities (gas, electricity, water, sewage, phone, internet, etc.)	
3	Home Maintenance (Include maintenance, cleaning, repairs, etc.)	
4	Home Improvement (Include additions, remodeling, etc.)	
5	Home Furnishings	
6	Health Care (physicians, dentists, psychiatrists, psychologist, etc.)	
7	Food	
8	Education	
9	Clothes	
10	Personal Effects	
11	Activities	
12	Transportation	
13	Taxes	
14	Charge for Conservator's Services	
15	Charge for Guardian's Services	
16	Charge for other Professional Services	
17	Court Fees	
18	Other (Describe)	
19	Total	

Schedule A – Real Estate*

Item	Description	Value on First Day of this Reporting Period	Value on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				
4				

* Attach a copy of the most recent tax assessment for each piece of real property.

Schedule B – Stocks and Bonds*

Item	Description	Value on First Day of this Reporting Period	Value on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				
4				

* Attach a copy of the most recent account statement if one has been issued.

Schedule C – Money owed to Ward

Item	Description	Value on First Day of this Reporting Period	Value on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				
4				

Schedule D – Miscellaneous Property

Item	Description	Value on First Day of this Reporting Period	Value on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				

4				
5				
6				
7				
8				

Schedule E – Debts and Encumbrances

Item	Description	Debts on First Day of this Reporting Period	Debts on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				
4				

Schedule F – Cash Accounts (Such as checking or savings accounts)*

Item	Description	Amount on First Day of this Reporting Period	Amount on Last Day of this Reporting Period	Amount of Gain (Loss)
1				
2				
3				
4				
5				

* Attach a copy of the most recent bank statement for each account.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____
Printed Name _____

Certificate of Service

I certify that on the _____ day of _____, _____, I mailed/emailed or filed through the Court's e-file system a copy of the forgoing **Inventory Report** to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

NAME	ADDRESS

Date

Signature ► _____
Printed Name _____

Private Information Record in Guardianship and Conservatorship cases

Utah Rule of Judicial Administration 6-501 provides that anyone who has been appointed as a guardian or conservator **must keep the court informed of your and the protected person's current address and phone number**. You may notify the court who originally heard your case by (1) calling the court, or (2) by mailing or emailing the court a new copy of the below *Private Information Record*. Please make sure you include your case number (it is on left side of the first page of all or your court documents, right above the name of the Judge. *Addressed for Weber, Davis, Salt Lake and Utah County courts are:*

Second Judicial District Court Ogden Department 2525 Grant Ave. Ogden, Utah 84401 chrisbk@utcourts.gov	Second Judicial District Court Farmington Department 800 State Street P.O. Box 325 Farmington, Utah 84025 2davisd@utcourts.gov	Third Judicial District Court Salt Lake Department 450 South Street P.O. Box 1860 Salt Lake City, Utah 84114 3rdslcprobate@utcourts.gov	Fourth Judicial District Court Provo Department 137 N. Freedom Blvd, # 100 Provo, Utah 84601 provofiling@utcourts.gov
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Case Number**Information About Guardian/Conservator****Information About Protected Person**

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Phone

Phone

Email

Email

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Driver License Number

Driver License Number

Please list your next of kin or other contact person who will know how to reach you.

Contact Person's Name

Address

City,

State

Zip Code

Phone

Email

**Private Information Record
in Guardianship and Conservatorship cases**

If the Protected Persons include school age children, please list the school they will be attending.

Child's Name	School Name

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

_____	Signature ►	_____
Date	Printed Name	_____

This is a private record.

Name(s)

Address (list only one address)

City, State, Zip

Phone (list only one phone number)

Email (list only one email)

I am/We Are the ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of Protection for

a protected person.

Motion to Terminate

(Choose all that apply.)

☐ **Guardianship**

☐ **Conservatorship**

Case Number

Judge

(1) I/We move for an order of the court terminating the: (Choose all that apply)

☐ Guardianship ☐ Conservatorship ☐ Guardianship and Conservatorship

(2) I/We move for this termination because: (Choose all that apply.)

☐ the protected person has been adopted

☐ the protected person died

☐ for the following reasons:

Page 2 of 3

Certificate of Service

I certify that on the _____ day of _____, _____, I mailed/emailed or filed through the Court's e-file system a copy of the forgoing **Motion to Terminate Guardianship/Conservatorship** to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

NAME	ADDRESS

Signature ►

Date

Printed Name

Name(s)

Address (list only one address)

City, State, Zip

Phone (list only one phone number)

Email (list only one email)

I am/We are the ☐ Guardian(s) ☐ Conservator(s) ☐ Guardian(s) and Conservator(s)

In the District Court of Utah, _____ County

Court Address _____

In the Matter of Protection for

a protected person.

Order on Motion to Terminate

☐ **Guardianship**

☐ **Conservatorship**

Case Number

Judge

The matter before the court is a motion to terminate. This matter is being resolved by:
(Choose [x] all that apply.)

- ☐ The default of the interested parties.
- ☐ The stipulation of the parties.
- ☐ The pleadings and other papers of the parties.
- ☐ A hearing held on _____ (date), notice of which was served on all parties.

Guardian/Conservator

- ☐ was present.
- ☐ was not present.
- ☐ was represented by _____ (name).
- ☐ was not represented.

Interested Party _____ (name).

☐ was present.

☐ was not present.

☐ was represented by _____ (name).

☐ was not represented.

Having considered the documents filed with the court, the evidence and the arguments,
and now being fully informed,

The Court Orders That:

(1) The Motion is ☐ granted ☐ denied.

(2) ☐ Termination is granted because: (Choose [x] all that apply.)

☐ the protected person has been adopted

☐ the protected person is no longer incapacitated

☐ the protected person has died

☐ for the following reasons:

(3) ☐ Title of the protected person's estate is transferred to: (Choose [x] one.)

☐ the protected person

☐ the protected person's personal representative

☐ the protected person's successor in interest

(4) No additional order is necessary.

This is the order of the court. Nothing further is required of the parties.

Date

Sign here ► _____

Judge _____

Certificate of Service

I certify that on the _____ day of _____, _____, I mailed/emailed or filed through the Court's e-file system a copy of the forgoing **Order Terminating Guardianship/Conservatorship** to the following individuals and everyone requesting notice under Utah Code Section §75-5-406 U.C.A.:

NAME	ADDRESS

Signature ►

Date

Printed Name

