

IN THE DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY  
STATE OF OKLAHOMA

IN RE THE MATTER OF )  
THE GUARDIANSHIP OF: ) Case Number  
\_\_\_\_\_, )  
\_\_\_\_\_, )  
\_\_\_\_\_, )  
\_\_\_\_\_, )  
MINOR CHILDREN. )

FINAL REPORT OF THE GUARDIAN OF THE PERSON

I, \_\_\_\_\_, the duly appointed guardian for the person of the above named minor children, hereby submit this final guardianship report for said Wards.

1. The current place of abode of the above named minor children is:

\_\_\_\_\_.

2. The type of home or facility in which the above named minor children live is:

\_\_\_\_\_,  
and the name of the person in charge of the home or facility is

\_\_\_\_\_.

3. My present street address and telephone number are:

\_\_\_\_\_  
\_\_\_\_\_.

4. Since my last report, I have seen the above named minor children \_\_\_\_\_ times. I otherwise or also have become or remained familiar with the needs and care of the above named minor children as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

5. The following services are currently being provided to the above named minor children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

6. These services (check one) \_\_\_\_\_ are/ \_\_\_\_\_ are not provided in the Guardian Plan of Care. The reason they are not shown in the Guardian Plan of Care is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

7. \_\_\_\_\_ was last seen by a physician on:

\_\_\_\_\_.

8. The purpose of the physician's visit was: \_\_\_\_\_

\_\_\_\_\_.

(Repeat for each child)

9. \_\_\_\_\_ was last seen by a physician on: \_\_\_\_\_.

10.. The purpose of the physician's visit was: \_\_\_\_\_

\_\_\_\_\_.

11. \_\_\_\_\_ was last seen by a physician on: \_\_\_\_\_.

12. The purpose of the physician's visit was: \_\_\_\_\_

\_\_\_\_\_.

13. \_\_\_\_\_ was last seen by a physician on: \_\_\_\_\_.

14. The purpose of the physician's visit was: \_\_\_\_\_

\_\_\_\_\_.

15. I (check one) \_\_\_\_\_ have/ \_\_\_\_\_ have not observed any major change in the above named minor children's physical or mental condition during the year. If so, these are my observations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

16. I (check one) \_\_\_\_\_ have \_\_\_\_\_ /have not taken any significant action for or on

behalf of the above named minor children since my last report. If so, I took the following actions: \_\_\_\_\_

\_\_\_\_\_.

17. There (check one) \_\_\_\_\_ have \_\_\_\_\_/have not been any significant problems relating to the above named minor children or to my guardianship of The above named minor children since my last report. If so, I have observed these problems:

\_\_\_\_\_  
\_\_\_\_\_.

18. It is my opinion that the guardianship should not be continued. The basis for my belief is as follows:

\_\_\_\_\_  
\_\_\_\_\_.

19. I believe the above named minor children (check one) \_\_\_\_\_ would \_\_\_\_\_/would not be able to manage essential requirements for physical health and safety with fewer restrictions on the above named minor children's ability to act for themselves. If so, the basis for my belief is as follows:

\_\_\_\_\_  
\_\_\_\_\_.

20. My opinion of the present care being provided to the above named minor children is as follows:

\_\_\_\_\_  
\_\_\_\_\_.

21. The place of abode of the above named minor children (check one) \_\_\_\_\_ has/\_\_\_\_\_ has not changed since my last report. If so, the place of abode of the above named minor children was changed for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_.

I hereby swear or affirm that the answers set forth above are true and correct to the best of my knowledge, subject to the penalties of making a false affidavit or declaration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Number:

\_\_\_\_\_  
My Commission Expires:

SEAL

**NOTICE**

ANY OBJECTION TO THIS REPORT MUST BE FILED WITHIN FIFTEEN (15) DAYS AFTER \_\_\_\_\_, THE DATE OF THE FILING OF THE ANNUAL REPORT WITH THE COURT.

**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, do hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, I mailed a copy of the above report to the following persons, in accordance with Oklahoma law:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of minor, if minor is over age 14)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of mother)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of father)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of grandparent, if the minor has no living parents)

If the minor children do not have the same parents, use a separate page to list the names and addresses of each parent

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name of Guardian