

IN THE DISTRICT COURT IN AND FOR _____ COUNTY
STATE OF OKLAHOMA

IN RE THE MATTER OF)
THE GUARDIANSHIP OF:)
_____,)
_____,) Case No.
_____,)
_____,)
MINOR CHILD(REN).)

ANNUAL REPORT ON THE GUARDIANSHIP OF THE PERSON

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

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

_____.

2. The type of home or facility in which the above named 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 children _____ times. I otherwise or also have become or remained familiar with the needs and care of the above named children as follows:

_____.

_____.

_____.

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

_____.

_____.

_____.

6. These services (check one) _____ are/ _____ are not provided in the Guardian Plan of

Care. (If they are not shown in the plan of care) The reason they are not shown in the Guardian Plan of Care is: _____

7. _____ (name of first child) was last seen by a physician on: _____.

The purpose of the physician's visit was: _____

Repeat the above for each child:

8. _____ was last seen by a physician on: _____.

The purpose of the physician's visit was: _____

9. _____ was last seen by a physician on: _____.

The purpose of the physician's visit was: _____

10. _____ was last seen by a physician on: _____.

11. I (check one) _____ have/ _____ have not observed any major change in _____ (name of child)'s physical or mental condition during the year. If so, these are my observations:

Repeat for each child:

12. I (check one) _____ have/ _____ have not observed any major change in _____ (name of child)'s physical or mental condition during the year. If so, these are my observations:

13. I (check one) _____ have/ _____ have not observed any major change in _____ (name of child)'s physical or mental condition during the year. If so, these are my observations:

_____.

14. I (check one) _____ have/ _____ have not observed any major change in _____ (name of child)'s physical or mental condition during the year. If so, these are my observations:

_____.

15. I (check one) _____ have/ _____ have not observed any major change in _____ (name of child)'s physical or mental condition during the year. If so, these are my observations:

_____.

16. I (check one) _____ have/ _____ have not any significant action for or on behalf of the 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 minor children or to my guardianship of the minor children since my last report. If so, I have observed these problems:

_____.

18. It is my opinion that the guardianship (check one) _____ should/ _____ should not be continued. The basis for my belief is as follows:

_____.

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

_____.

21. The place of abode of the minor children (check one) _____ has/_____ has not changed since my last report. If so, the place of abode of the 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.

Date

Signature of Guardian

Print Name of Guardian

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