



CIRCUIT  ORPHANS' COURT FOR \_\_\_\_\_, MARYLAND

City/County

Located at \_\_\_\_\_

Court Address

Telephone \_\_\_\_\_

Case No. \_\_\_\_\_

In the Matter of

Name of Minor

Docket Reference

**ANNUAL REPORT OF GUARDIAN OF A MINOR  
(Md. Rule 10-206(e))**

**NOTE:** Guardians of the person of minors must complete and file this form each year within 60 days of the anniversary of their appointment, or as the court otherwise directs. Attach additional sheets if needed.

If a section of this form does not apply, write "Not applicable" or "N/A."

**Minor's** Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

**REPORTING PERIOD**

I/We, \_\_\_\_\_ and (if applicable) \_\_\_\_\_,  
Name of Guardian Name of Guardian 2

make this annual report for the period of \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

**Part I. Information about the minor**

**A. RESIDENCE AND HOUSING**

**Minor's address** (where the minor lives or is physically present):

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, state, zip

*Select all that apply:*

- This is the minor's permanent residence.
- This is not the minor's permanent residence. The minor's permanent

residence is: \_\_\_\_\_,  
Street Address City, state, zip

- This is a new address (check if the minor's address changed since the last annual report or since your appointment as guardian if this is your first report).

Explain why the address changed:  
\_\_\_\_\_

**Type of housing** (select one):

Own home  Guardian 1's home  Guardian 2's home

Foster or boarding home  Group home

Relative's home: \_\_\_\_\_  
Name of relative Relationship to minor

Boarding School: \_\_\_\_\_  
Name of school

Hospital or medical facility: \_\_\_\_\_  
Name of hospital or facility

Residential facility: \_\_\_\_\_  
Name of facility

Other (describe): \_\_\_\_\_

Do you plan to change the place where the minor lives?  Yes  No

If yes, explain why:

.....  
.....

**B. MEDICAL AND PERSONAL CARE**

**Conditions.** List significant health or mental health issues the minor has (asthma, diabetes, anxiety, etc.):

<u>Issue(s)</u>	<u>Treatment/treatment plan</u>
.....	.....
.....	.....
.....	.....

**Hospitalizations.** Was the minor hospitalized during the reporting period?  Yes  No

If yes, explain:

<u>Date</u>	<u>Hospital</u>	<u>Reason</u>
.....	.....	.....
.....	.....	.....

**Providers.** Which medical professional(s) did the minor see during the reporting period?

	<u>Name</u>	<u>City, state</u>	<u>Date(s) seen</u>
<input type="checkbox"/> Primary care/pediatrician	.....	.....	.....
<input type="checkbox"/> Dentist	.....	.....	.....
<input type="checkbox"/> Eye doctor	.....	.....	.....
<input type="checkbox"/> Ear doctor	.....	.....	.....
<input type="checkbox"/> Psychiatrist	.....	.....	.....
<input type="checkbox"/> Psychologist	.....	.....	.....
<input type="checkbox"/> Therapist (mental health)	.....	.....	.....
<input type="checkbox"/> Physical or occupational therapist	.....	.....	.....
<input type="checkbox"/> Speech therapist	.....	.....	.....
<input type="checkbox"/> Other (describe):	.....	.....	.....

.....  
.....  
.....

**Medications.** List medications the minor takes on a regular basis:

<u>Name</u>	<u>Purpose</u>	<u>Dosage/Schedule</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Personal care.** Are there problems providing meals, clothing, housing, or transportation for the minor?  Yes  No

If yes, explain:

.....  
.....

**C. SCHOOL AND JOB TRAINING**

**School.** Does the minor attend school?  Yes  No

If yes: \_\_\_\_\_  
Name of school City, state, zip

Is there a care plan or an Individualized Education Program (IEP)?  Yes  No

If yes, did you participate in developing the care plan or IEP?  Yes  No

Do you believe the care plan or IEP is good or appropriate for the minor (in the minor's best interest)?  Yes  No (explain):

.....  
.....

**Job training.** Is the minor in a job training program?  Yes  No

If yes: \_\_\_\_\_  
Name of program City, state, zip

Describe: \_\_\_\_\_

**D. EMPLOYMENT**

Does the minor have a job?  Yes  No

If yes: \_\_\_\_\_  
Name of employer City, state, zip Hours worked per week

Type of job: \_\_\_\_\_

**E. SOCIAL AND RECREATIONAL ACTIVITIES**

Describe the minor's social or recreational activities during the reporting period (sports, hobbies, clubs, etc.):

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.....  
.....  
.....

**F. CONTACTS**

**Contact with you.** If the minor **does not** live with you, how often did you visit the minor during the reporting period?

.....  
.....  
.....

Describe your other types of contact with the minor:

**Type**

**Frequency**

- Telephone .....
- Mail or e-mail .....
- Other (describe): .....

**Contact with others.** Describe the minor’s contact with family members during the reporting period:

.....  
.....  
.....

**G. COMMUNITY SUPPORT**

List community organizations currently involved with the minor (case or care management, community services, government programs, religious programs, charitable organizations, etc.).

**Organization**

**Services received**

**City, state**

.....  
.....  
.....

**Part II. Information about the guardianship**

**A. FUNDS**

Did the guardian of the property, if any, provide funds toward the minor’s support, care, or education?  Yes  No  Not applicable

If yes, describe (*Select all that apply*):

- clothing  food  housing  health care (co-pays, insurance, etc.)
- transportation  education  extracurricular/recreational activities  job training
- other (describe):

.....  
.....  
.....

**B. HEALTH OF GUARDIAN(S)**

**Guardian 1** (*select one*):

- I have no serious health problems that affect my ability to serve as guardian.
- I have the following serious health problems that may affect my ability to serve as guardian:

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**Guardian 2 (if any)** (*select one*):

- I have no serious health problems that affect my ability to serve as guardian.
- I have the following serious health problems that may affect my ability to serve as guardian:

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**C. CONTINUATION OF GUARDIANSHIP**

This guardianship (*select one*):

- should be continued.
- should not be continued for the following reason(s):

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**D. POWERS OF GUARDIAN(S)**

My/Our powers as guardian(s) should (*select one*):

- stay the same.
- change in the following ways for the following reasons:

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**E. OTHER**

The court should be aware of the following matters relating to this guardianship:

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I/we solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my/our knowledge, information, and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Guardian 1

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, state, zip

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ E-mail \_\_\_\_\_ Fax

This is a new address since the last report (or since appointment if this is your first report).

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Guardian 2 (if applicable)

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, state, zip

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ E-mail \_\_\_\_\_ Fax

This is a new address since the last report (or since appointment if this is your first report).