

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENVILLE )

IN THE PROBATE COURT

IN THE MATTER OF: )

**ANNUAL REPORT OF GUARDIAN**

Protected Person )

CASE NUMBER: \_\_\_\_\_

Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone (O): \_\_\_\_\_  
(H): \_\_\_\_\_  
(C): \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:  
(Attach additional sheets if necessary. Please type or print in ink.)  
No white out or practice. This is a legal document.  
PLEASE ATTACH A CURRENT PHOTO OF THE PROTECTED PERSON**

1. What is the incapacitated person's physical address? Please state what type of residence this is: Private Home, Assisted Living, Group Home, Nursing Home, etc.

\_\_\_\_\_

2. What caused the individual to become an incapacitated person? Please list any general physical and/or mental condition(s) of the incapacitated person? List any significant changes since your last report or appointment.

\_\_\_\_\_  
\_\_\_\_\_

3. Has the incapacitated person been seen by a physician, dentist, etc., this past year?  NO  YES  
If no appointments over the past year, please state the reason below.  
**(If yes, please give doctor(s) names, approximate dates of visits, complaints and doctor's findings.)**  
**List weight from last report \_\_\_\_\_ lbs. List weight for this year \_\_\_\_\_ lbs.**

\_\_\_\_\_  
\_\_\_\_\_

4. What medical or other professional care or treatment, housing, education, therapy, or training needs do you foresee the incapacitated person as needing during the upcoming year? Be specific and complete in your answer.

\_\_\_\_\_  
\_\_\_\_\_

5. What activities and interests does the protected person participate in daily, weekly, monthly and annually? (Include Work, Church, Day Programs, Special Olympics, Camps, Events, etc.)

\_\_\_\_\_  
\_\_\_\_\_

6. Are you also the Conservator for the incapacitated person? (Not Designee for Social Security)  NO  YES  
(Answer the following questions **only** if your answer is **NO** to the above.)

7. Are you in control of any tangible property of the incapacitated person?  NO  YES  
(If yes, describe and report on its condition.) Tangible property includes: cash, homes, bank accounts, cars, etc.

\_\_\_\_\_

- 8 Did you receive any money from any source on behalf of the incapacitated person?  NO  YES  
 List the specific money source and categories of expenses. (If yes, attach a sheet detailing receipts and expenditures including dates. Attach additional sheets for explanation if needed.)
9. Have you been paid any funds for care of the incapacitated person during the reporting time?  NO  YES  
 List amount and source(s): \_\_\_\_\_
10. Have any assets or items of the incapacitated person been transferred to you during the reporting time?  NO  YES  
 (If yes, attach a sheet listing assets transferred and dates.)
11. Please summarize your Guardian visits with the Ward. (Include how often and long your visits take place.)  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Please document your recommendation as to the need for a continued Guardianship.  
 \_\_\_\_\_  
 \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone (O): \_\_\_\_\_  
 (H): \_\_\_\_\_  
 (C): \_\_\_\_\_  
 E-mail: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public for South Carolina  
 My Commission expires: \_\_\_\_\_

- Check here if address or telephone number has changed since last report. Please document who the change is for.
- Check here and add any additional information that is relevant from your last report.