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- Instructions:**
- 1) A guardian of the person of an adult with intellectual disability may use this form to report to the Probate Court at least annually on the condition of the person under guardianship.
 - 2) For more information, see C.G.S. section 45a-677 (f) and 45a-681 (c).
 - 3) Type or print the form in ink. Use a separate sheet, or PC-180, Second Sheet, if more space is needed.

Probate Court Name

District Number

In the Matter of

Present Address of the Protected Person

Hereinafter referred to as the protected person.

Plenary/Limited Guardian of the Person (List name and address of each guardian.)

Standby Plenary/Limited Guardian of the Person (List name and address of each guardian.)

The guardian's report is being filed for the following reason:

- | | |
|---|---|
| <input type="checkbox"/> Annual report | <input type="checkbox"/> Significant change in protected person's capacity to meet essential requirements for physical health or safety |
| <input type="checkbox"/> Court-ordered report | <input type="checkbox"/> Plenary/Limited Guardian has resigned or been removed |
| <input type="checkbox"/> Statutory review of guardianship | <input type="checkbox"/> The guardianship has been terminated. |

Please respond to the following questions for the period since the last guardian's report was filed in court, or if this is the first report, since your appointment as guardian.

1. Describe the significant changes in the capacity of the protected person to meet the essential requirements for physical health or safety.
2. List the services being provided to the protected person. Indicate whether they meet the protected persons' needs and the relationship of the services to the individual guardianship plan.
3. Describe any significant actions you have taken regarding the protected person.

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4. Describe any significant problems that have arisen relating to the guardianship.

5. List any other factors that you believe should be considered by the Probate Court.

In my opinion, the guardianship should be continued modified terminated.

State reason for your answer:

Signature of Guardian of the Person

Type or Print Name

Date

Signature of Guardian of the Person

Type or Print Name

Date