S	TATE OF SOUTH CAROLINA					
COUNTY OF)						
IN THE MATTER OF:		▲ PROBATE COURT USE ONLY ▲				
		IN THE PROBATE COURT				
a ward.) CASE NUMBER -GC				
)) GUARDIAN REPORT				
G	uardian:					
С	o-Guardian:					
1.	. Where is the ward living? Please provide the complete address.					
2.	Is this a private home? ☐ NO ☐ YES Is this a Comm. Residential Care Facility (CRCF) or a Community Training Home (CTH)? ☐ NO ☐ YES					
Is this an Assisted Living Facility? ☐ NO ☐ YES						
	Is this a Nursing Home?	□ YES				
	Other type of facility?	YES Type of Facility:				
3.	. What is the general physical and/or mental condition of the ward? List any significant changes since your appointment or your last Report.					
4.	. Do you believe the ward still needs a guardian? (Explain.)					
5.	Has the ward been seen by a physician or other medical provider in the past year? NO YES (If yes, please give provider name, approximate dates of visits, complaints, and provider findings.)					
6.	assist in the development of maximum self-reliance and independence?					
☐ NO ☐ YES (If yes, please attach a <u>separate sheet</u> describing the services received.)						
7. What medical or other professional care or treatment, housing, education, therapy, social, or training needs foresee the ward needing during the upcoming year?						

8. Are you in control of any tangible property of the ward, such as clothing, furniture, vehicles, etc.?

	(If yes, describe and report on its local	tion and cond	lition.)	□ NO □ YES			
9.	Are you also the Conservator for the w (Answer Questions 10 - 12 <u>only</u> if you		IO to the above.)	□ NO □ YES			
	Did you receive any money from any set (If yes, attach a separate sheet detailing Social Security check or a V.A. Fiducial Have you been paid any funds for care If yes, what amount was received and Have any assets or items of the ward	ng receipts of ary, please at e of the ward from what so	f expenditures including date tach a copy of your most red during the reporting time? ource?	ent annual report.) NO YES ng time?			
	(If yes, attach a separate sheet listing	assets transf	erred and dates.)	□ NO □ YES			
12.	Is an updated Plan of Care needed for (If yes, please attach the updated Plan		Ward, Form #521GC.)	□ NO □ YES			
 ☐ Check here if your address or phone number has changed since last report. ☐ I have included a current picture of the ward. 							
	Executed this	day of	, 20 .				
	SWORN to before me	day of	Guardian Signature:				
	this 20		Print Name: Address:				
	Print Name:		Preferred Telephone:				
	Notary Public for: (State My Commission) ate)	Secondary Telephone: Email:				
	Executed this	day of	, 20				
	SWORN to before me this	day of	Guardian Signature:				
	, 20		Print Name: Address:				
							

Print Name:		Preferred Telephone:	
Notary Public for:		Secondary Telephone:	
	(State)	Email:	
My Commission Expires:	(Date)		