



5. Recommendations for continued guardianship:

6. Other information (use additional sheets if necessary):

7.  Ward has no income from any source. (check if applicable)  
 Reports attached detailing Ward's income and expenses. (check if applicable)
8.  I request that this Current Report and Account be approved, that my scheduled court appearance be excused, and the case be continued for one year.

I am duly appointed and acting Guardian of the (check applicable box)

- Person  
 Person and Estate of \_\_\_\_\_,  
 a disabled person  a minor (check applicable box)

And under penalty of perjury, I attest that the above information is true and correct.

Dated: \_\_\_\_\_

Check if new address

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email address