

STATE OF SOUTH CAROLINA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
IN THE MATTER OF: )  
 )  
\_\_\_\_\_, )  
 )  
a ward. )

▲    PROBATE COURT USE ONLY    ▲
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IN THE PROBATE COURT  
CASE NUMBER \_\_\_\_\_ -GC- \_\_\_\_\_ - \_\_\_\_\_

**GUARDIAN REPORT**

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

Co-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?             NO  YES

Other type of facility?             NO  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. This past year, has the ward participated in any rehabilitation, educational, social, or vocational services intended to assist in the development of maximum self-reliance and independence?

NO  YES

(*If yes, please attach a separate sheet describing the services received.*)

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

7. What medical or other professional care or treatment, housing, education, therapy, social, or training needs do you 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 location and condition.)  NO  YES

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9. Are you also the Conservator for the ward? (Answer Questions 10 - 12 **only** if your answer is **NO** to the above.)  NO  YES

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10. Did you receive any money from any source on behalf of the ward? (If yes, attach a separate sheet detailing receipts of expenditures including dates. If you are representative payee of a Social Security check or a V.A. Fiduciary, please attach a copy of your most recent annual report.)  NO  YES

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11. Have you been paid any funds for care of the ward during the reporting time? If yes, what amount was received and from what source?  NO  YES

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Have any assets or items of the ward been transferred to you during the reporting time? (If yes, attach a separate sheet listing assets transferred and dates.)  NO  YES

12. Is an updated Plan of Care needed for the ward? (If yes, please attach the updated Plan of Care for 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Date)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Date)