

\_\_\_\_ JUDICIAL DISTRICT COURT  
COUNTY OF \_\_\_\_\_  
STATE OF NEW MEXICO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_,

CAUSE NO. \_\_\_\_\_

an incapacitated adult

**GUARDIAN'S 90-DAY \_\_\_\_ ANNUAL \_\_\_\_ FINAL \_\_\_\_ (check one)**  
**REPORT ON THE CONDITION AND WELL-BEING OF AN ADULT PROTECTED PERSON**

*Pursuant to Section 45-5-314 NMSA 1978, the undersigned duly appointed, qualified and acting guardian of the above-mentioned protected person reports to the court as follows (attach additional sheets, if necessary):*

1. **PROTECTED PERSON:** Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Facility Name \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name of person primarily responsible at protected person's place of residence: \_\_\_\_\_

2. **GUARDIAN:** Name \_\_\_\_\_  
Business Name (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ /Alternate phone # \_\_\_\_\_  
Relation to Protected Person \_\_\_\_\_

3. **FINAL REPORTS ONLY** (otherwise, go to #4)

I am filing a Final Report because of: \_\_\_\_ my resignation \_\_\_\_ death of the Protected Person  
\_\_\_\_ Other (please explain): \_\_\_\_\_

- A. If because of **resignation**, Name of successor, if appointed: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

- B. If because of **Protected Person's death**: (attach copy of death certificate, if available)

Date and place of death: \_\_\_\_\_  
Name of personal representative if appointed \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

4. During the past year, I have visited the Protected Person \_\_\_\_\_ times.  
The date of my last personal visit was \_\_\_\_\_

5. Describe the residence of the Protected Person: Hospital/medical facility Protected Person's home Guardian's home Relative's home (explain below) Nursing home Boarding/Foster/Group Home Other: \_\_\_\_\_

6. The name and address of any hospital or other institution where the Protected Person is now admitted: \_\_\_\_\_  
\_\_\_\_\_

7. The Protected Person is under a physician's regular care. Yes No  
Identify the health care providers.

◆Physician: \_\_\_\_\_  
◆Dentist (if any) \_\_\_\_\_  
◆Mental Health Professional (i.e., psychiatrist, counselor): \_\_\_\_\_  
◆Other \_\_\_\_\_

8(A). During the past year, the Protected Person's physical health: remained the same   
Primary diagnosis: \_\_\_\_\_ improved   
deteriorated (explain)   
(B) During the past year, the Protected Person's mental health: remained the same   
Major diagnosis, if any: \_\_\_\_\_ improved   
deteriorated (explain)

If physical or mental health has deteriorated, please explain: \_\_\_\_\_  
\_\_\_\_\_

9. Describe any significant hospitalizations or mental or medical history events during the past year: \_\_\_\_\_  
\_\_\_\_\_

10. List the Protected Person's activities and changes, if any, over the past year:

◆Recreational activities \_\_\_\_\_  
\_\_\_\_\_  
◆Educational activities \_\_\_\_\_  
\_\_\_\_\_  
◆Social activities \_\_\_\_\_  
\_\_\_\_\_  
◆Occupational activities \_\_\_\_\_  
\_\_\_\_\_  
◆Other \_\_\_\_\_  
\_\_\_\_\_

11. Describe briefly any contracts entered into and major decisions made on behalf of the Protected Person during the past year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The Protected Person has made the following statements regarding his/her living arrangements and the guardianship over him/her: \_\_\_\_\_  
\_\_\_\_\_

13. I believe the Protected Person has unmet needs.  Yes (explain)  No  
If yes, indicate efforts made to meet these needs: \_\_\_\_\_  
\_\_\_\_\_

14. The Protected Person continues to require the assistance of a guardian: yes  no   
Explain why or why not: \_\_\_\_\_  
\_\_\_\_\_

15. The authority given to me by the Court should:                      remain the same                        
   be decreased                                        
   be increased                                        
Why: \_\_\_\_\_  
\_\_\_\_\_

16. Additional information concerning the Protected Person which I wish to share with the Court: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. *If the guardian has made financial decisions on behalf of the Protected Person pursuant to Probate Code Section 45-5-312, then please describe:* \_\_\_\_\_  
\_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_