4-996. Guardian's report.

[For use with Rule 1-140 NMRA]

STATE OF NEW MEXICO
COUNTY OF _____
_____ JUDICIAL DISTRICT
In the matter of _____, No. _____
a Protected Person.

[~~GUARDIAN'S REPORT~~

~~Instructions.~~

~~You must use this form, Form 4-996 NMRA, when you file a~~ ***~~Guardian's Report.~~*** *~~The purpose of this~~* ***~~Guardian's Report~~*** *~~is to give the court information about an adult for whom a guardian has been appointed.~~*

1. *~~You must complete and file this~~* ***~~Guardian's Report~~***, *~~as follows:~~*
   a. *~~Within ninety (90) days of your appointment as guardian by the court;~~*
   b. *~~Every year within thirty (30) days of the anniversary date of your appointment as guardian;~~*
   c. *~~Within thirty (30) days of your resignation, removal, or termination as guardian; and~~*
   d. *~~As otherwise ordered by the court.~~*
2. *~~Please type or print clearly using ink.~~*
3. *~~Complete all sections of this report that apply, and answer all questions thoroughly.~~*
4. *~~Attach additional pages if necessary.~~*
5. *~~After completing this report, you must sign it under penalty of perjury.~~*
6. *~~Copies of this report must be given to the Protected Person, the Protected Person's conservator if one has been appointed, and any other persons specified by the court.~~*
7. *~~Keep a copy of this report for your records.~~*
8. *~~If you give financial information in Section (IV)(D) of this report, you must keep a copy of~~* ***~~ALL~~*** *~~of the Protected Person's financial records for seven (7) years and make them available to the court upon request.~~*

~~TYPE OF REPORT:~~ ~~[ ] 90 day [ ] Annual [ ] Final~~

~~Date of your appointment as guardian:~~ _____

~~If this is a~~ ***~~Final Report~~***, *~~please check the box below that explains why you are filing a~~* ***~~Final Report~~***, *~~and fill in the requested information. If this is not a Final Report, skip to Section I.~~*

~~[ ] The Protected Person has died (*attach a copy of the death certificate if available*).~~
~~Date and place of death:~~ _____
_____

[ ] Name of personal representative, if appointed: _____
Address: _____
_____
_____
[ ] The court has appointed a new guardian.
Name of new guardian: _____
Address and phone number of new guardian: _____
_____
_____
[ ] The court has issued an order ending the guardianship.
[ ] Other (*please explain*): _____

SECTION I – Information about the Protected Person.

A. Protected Person's name: _____

B. Protected Person's age: _____

C. Protected Person's physical address: _____
Mailing address (*if different*): _____

D. Protected Person's telephone number(s) and other contact information:

Home: _____ Cell: _____
Work: _____ Fax: _____
Email: _____

E. Has the Protected Person's residence changed in the last 12 months?
[ ] Yes [ ] No
If yes, please explain why: _____
_____
_____
_____

F. Will the Protected Person's residence change in the next 12 months?
[ ] Yes [ ] No [ ] Unknown
If yes, please explain why: _____
_____
_____
_____

G. Does the Protected Person live in a facility?

[ ] Yes If yes, complete Part A, below (do not complete Part B).
[ ] No If no, complete Part B, below (do not complete Part A).

PART A
Complete Part A only if the Protected Person lives in a facility.

H. What type of facility does the Protected Person live in?
[ ] Assisted Living Facility

[ ] Group Home
[ ] Licensed Nursing Facility
[ ] Other (*please explain*) _____
_____
_____

I. Name of Facility: _____
Facility contact person's name: _____
Facility's physical address: _____
Facility's contact information:
Telephone: _____ Email: _____

J. How is the facility paid for? _____

K. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?

Cleanliness	[ ] Yes	[ ] No
Nutrition/Meals	[ ] Yes	[ ] No
Personal Care	[ ] Yes	[ ] No
Privacy	[ ] Yes	[ ] No
Individualized Care Plans	[ ] Yes	[ ] No
Safety	[ ] Yes	[ ] No
Other: _____	[ ] Yes	[ ] No

If you marked yes to any of the above, please explain: _____
_____
_____
_____

L. Has the Protected Person been restricted from communicating, visiting, or interacting with others? [ ] Yes [ ] No
If yes, describe the restrictions: _____
_____
_____
_____
What are the reasons for the restrictions? _____
_____
_____
_____
Who imposed the restrictions? _____
When were the restrictions imposed? _____
Are the restrictions still in place? [ ] Yes [ ] No

M. Have others been restricted from communicating, visiting, or interacting with the Protected Person? [ ] Yes [ ] No
If yes, describe the restrictions: _____
_____
_____
_____
What are the reasons for the restrictions? _____

~~_____~~
~~_____~~
~~_____~~
~~Who imposed the restrictions? _____~~
~~When were the restrictions imposed? _____~~
~~Are the restrictions still in place? [ ] Yes [ ] No~~

~~N. Why was this facility chosen for the Protected Person? _____~~
~~_____~~
~~_____~~
~~_____~~
~~O. How does the Protected Person feel about the placement? _____~~
~~_____~~
~~_____~~
~~_____~~

~~P. Do you believe the Protected Person could live and function more independently in a different type of setting? [ ] Yes [ ] No~~
~~Please explain your answer: _____~~
~~_____~~
~~_____~~
~~_____~~

~~Q. Have you tried to change the Protected Person's residence in the past year? [ ] Yes [ ] No~~
~~If yes, what was the outcome? _____~~
~~_____~~
~~_____~~
~~_____~~
~~How does the Protected Person feel about the change of residence? _____~~
~~_____~~
~~_____~~
~~_____~~

~~END OF PART A – If you filled out Part A, skip to Section II.~~

~~PART B~~

~~Complete Part B only if the Protected Person does not live in a facility.~~

~~H. Describe the Protected Person's living arrangement: _____~~
~~_____~~

~~I. Does the Protected Person live with you?~~
~~a. If yes, do you charge the Protected Person room and board? [ ] Yes [ ] No~~
~~b. If yes, how much per month? _____~~

~~J. Who takes care of the Protected Person? _____~~
~~Caregiver's physical address: _____~~
~~Caregiver's contact information: _____~~
~~Telephone: _____ Email: _____~~

~~K. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?~~

~~Cleanliness~~	~~[ ] Yes~~	~~[ ] No~~
~~Nutrition/Meals~~	~~[ ] Yes~~	~~[ ] No~~
~~Personal Care~~	~~[ ] Yes~~	~~[ ] No~~
~~Privacy~~	~~[ ] Yes~~	~~[ ] No~~
~~Safety~~	~~[ ] Yes~~	~~[ ] No~~
~~Other: _____~~	~~[ ] Yes~~	~~[ ] No~~

~~If you marked yes to any of the above, please explain: _____~~
~~_____~~
~~_____~~
~~_____~~

~~L. List all people living with the Protected Person and their relationship to the Protected Person:~~
~~_____~~
~~_____~~

~~M. Has anyone moved into or out of the Protected Person's residence during the last 12 months? [ ] Yes [ ] No~~
~~If yes, please explain: _____~~
~~_____~~
~~_____~~

~~N. List any person who lives with the Protected Person and is paid to provide services for the Protected Person. (*attach additional pages if necessary*)~~
~~Name: _____~~
~~Relationship to Protected Person: _____~~
~~Types of Services: _____~~
~~Payment: _____ Source of Payment: _____~~

~~O. Do you have concerns about anyone who lives with the Protected Person? [ ] Yes [ ] No~~
~~If yes, please explain: _____~~
~~_____~~
~~_____~~
~~_____~~

~~P. Why was this living arrangement chosen for the Protected Person? _____~~
~~_____~~
~~_____~~
~~_____~~

~~Q. How does the Protected Person feel about the living arrangement?~~
~~_____~~
~~_____~~
~~_____~~

~~R. Do you believe the Protected Person could live and function more independently in a different type of setting? [ ] Yes [ ] No~~
~~Please explain your answer: _____~~
~~_____~~
~~_____~~
~~_____~~

~~S. Have you tried to change the Protected Person's residence in the past year? [ ] Yes [ ] No~~
~~If yes, what was the outcome?~~ _____
_____
_____
_____
~~How does the Protected Person feel about the change of residence?~~ _____
_____
_____
_____

~~T. Has the Protected Person been restricted from communicating, visiting, or interacting with others? [ ] Yes [ ] No~~
~~If yes, describe the restrictions:~~ _____
_____
_____
_____
~~What are the reasons for the restrictions?~~ _____
_____
_____
_____
~~Who imposed the restrictions?~~ _____
~~When were the restrictions imposed?~~ _____
~~Are the restrictions still in place? [ ] Yes [ ] No~~

~~U. Have others been restricted from communicating, visiting, or interacting with the Protected Person? [ ] Yes [ ] No~~
~~If yes, describe the restrictions:~~ _____
_____
_____
_____
~~What are the reasons for the restrictions?~~ _____
_____
_____
_____
~~Who imposed the restrictions?~~ _____
~~When were the restrictions imposed?~~ _____
~~Are the restrictions still in place? [ ] Yes [ ] No~~

~~END OF PART B – Continue to Section II.~~

~~SECTION II – Protected Person's Health.~~

~~A. Please describe the Protected Person's current physical health:~~
~~[ ] Poor~~ ~~[ ] Fair~~ ~~[ ] Good~~ ~~[ ] Excellent~~
~~Please explain:~~ _____
_____
~~Please describe any changes to the Protected Person's physical health in the last 12 months:~~
_____
_____
_____
~~Please describe any medical treatment the Protected Person received in the last 12 months:~~

_____
_____
_____
_____
_____

~~B. Please describe the Protected Person's current mental health:~~

~~[ ] Poor [ ] Fair [ ] Good [ ] Excellent~~

~~Please explain:~~ _____
_____
_____

~~Please describe any changes to the Protected Person's mental health in the last 12 months:~~

_____
_____
_____
_____

~~Please describe any mental health treatment the Protected Person received in the last 12 months:~~

_____
_____
_____
_____

~~C. Is the Protected Person under a healthcare provider's regular care? [ ] Yes [ ] No~~
~~If yes, please identify the Protected Person's healthcare providers:~~
~~Primary care provider:~~ _____
~~Dentist:~~ _____
~~Mental health professional:~~ _____
~~Other:~~ _____

~~D. How does the Protected Person feel about these healthcare providers?~~

_____
_____

~~E. Do you attend the Protected Person's medical and/or mental health appointments?~~
~~[ ] Yes [ ] No~~
~~If no, why not?~~ _____
_____
_____

~~**SECTION III – Protected Person's Services and Activities.**~~

~~A. Is the Protected Person receiving support services, including public benefits?~~
~~[ ] Yes [ ] No~~
~~If yes, please list:~~ _____
_____
_____

~~B. Are you in regular contact with the Protected Person's support-service providers?~~
~~[ ] Yes [ ] No~~
~~If yes, how often and in what manner?~~ _____
_____
_____
~~If no, why not?~~ _____
_____
_____

~~C. Is the Protected Person involved in selecting the Protected Person's services?~~
~~[ ] Yes [ ] No~~
~~If no, please explain:~~ _____
_____
_____

~~D. Is the Protected Person involved in developing the Protected Person's care plan or service plan? [ ] Yes [ ] No~~
~~If no, why not?~~ _____
_____
_____

~~E. Does the Protected Person participate in social activities, such as family gatherings, local events, worship services, or community groups? [ ] Yes [ ] No~~
~~If yes, please describe:~~ _____
_____
_____
_____
~~If no, why not?~~ _____
_____
_____

~~SECTION IV - Protected Person's Financial Status.~~

~~A. Does the Protected Person have a conservator? [ ] Yes [ ] No~~
~~If yes, what is the conservator's name and contact information?~~ _____
_____
_____

~~B. Are you responsible for the Protected Person's money in your role as guardian?~~
~~[ ] Yes [ ] No~~
~~If yes, are you keeping the Protected Person's money and your money in separate accounts? [ ] Yes [ ] No~~

~~*If you are responsible for the Protected Person's money, you must keep the Protected Person's money in a separate account from yours and that of others.*~~

~~If you are not doing this, why not?~~ _____
_____
_____

~~C. Are you responsible for the Protected Person's money in any other capacity or role (e.g., Representative Payee, VA Fiduciary, Power of Attorney, Trustee)?~~
~~[ ] Yes [ ] No~~
~~If yes, please describe:~~ _____
_____
_____
~~If you are not responsible for the Protected Person's money in any other capacity or role, the name, role, and contact information for those who are:~~
_____
_____

~~D. If you are responsible for the Protected Person's money, please complete the following summary of financial activity~~ **~~since your appointment or last report~~**~~:~~

~~Balance of Protected Person's bank accounts on date of your appointment or last report (savings, checking, CDs, money market, etc.)~~	~~$~~	

~~Plus (+) annual money received from any source on behalf of the Protected Person (Social Security, SSI, pension, disability, interest, etc.)~~	~~+~~	
~~Less (-) annual total fees to care providers~~	~~-~~	
~~Less (-) annual total monies paid to the Protected Person (personal needs, etc.)~~	~~-~~	
~~Less (-) annual total fees paid to guardian~~	~~-~~	
~~Less (-) annual any other expenses (room and board, housing, insurance, maintenance, etc.)~~	~~-~~	
~~**Ending balance of bank accounts**~~	~~$~~	
~~*If you are responsible for the Protected Person's money, you must keep a copy of **ALL** of the Protected Person's financial records for seven years and make them available to the court upon request.*~~		

~~E. Is the Protected Person employed? [ ] Yes [ ] No~~
~~If yes, identify the Protected Person's employer, job title, and wages: _____~~
~~_____~~
~~Does the Protected Person have control of these wages? [ ] Yes [ ] No~~
~~If no, why not? _____~~
~~_____~~

~~F. Describe efforts to allow the Protected Person to make financial decisions: _____~~
~~_____~~
~~_____~~

~~G. Have there been any significant changes in the Protected Person's ability to manage finances? [ ] Yes [ ] No~~
~~If yes, describe: _____~~
~~_____~~

~~H. Have there been any significant changes in the Protected Person's financial situation, such as a settlement, inheritance, lottery winnings, reverse mortgage, etc.?~~
~~[ ] Yes [ ] No~~
~~If yes, describe: _____~~
~~_____~~

~~**SECTION V – Information about the Guardianship.**~~

~~A. Describe significant decisions you have made for the Protected Person in the last 12 months (e.g., change in healthcare providers, enrollment in hospice, discontinuation of treatment, surgery, etc.):~~
~~_____~~
~~_____~~
~~_____~~
~~_____~~

~~B. How often and in what way(s) are you in contact with the Protected Person? ___~~
~~_____~~

_____
_____

~~C. When was the last time you were in contact with the Protected Person? _____~~
_____
_____

~~D. Describe any significant problems or unmet needs of the Protected Person not described elsewhere:~~
_____
_____
_____
_____
_____

~~E. Does the Protected Person believe that the guardianship should be changed or terminated? [ ] Yes [ ] No~~
~~If yes, please explain: _____~~
_____
_____
~~Have you informed the Protected Person that the Protected Person may contact the court to request changing or terminating the guardianship? [ ] Yes [ ] No~~
~~If no, why not? _____~~
_____
_____

~~F. Do you believe that the guardianship should be changed or terminated?~~
~~[ ] Yes [ ] No~~
~~If yes, you have a duty to file a separate written request asking the court to schedule a status conference to review the guardianship.~~

~~G. How does the Protected Person feel about the guardianship? _____~~
_____
_____
_____

~~H. Is there anything else you would like to tell the court about the guardianship? ___~~
_____
_____
_____

~~SECTION VI – Information about the Guardian.~~

> ~~*For purposes of this section, "guardian" means an individual or a corporate entity appointed by the court, and includes any individual working for a corporate entity who is responsible for the Protected Person.*~~

~~A. Do you serve as guardian for more than two non-family members? [ ] Yes [ ] No~~

~~B. If yes, are you certified with the Center for Guardianship Certification? [ ] Yes [ ] No~~
~~If yes, please attach a copy of your Certification to this report.~~

~~C. Does the guardian have any significant physical or mental health problems that would interfere with the ability to continue as guardian in the next year? [ ] Yes [ ] No~~

If yes, please explain: _____
_____
_____

D. Does the guardian charge a fee or receive payment for acting as the Protected Person's guardian? [ ] Yes [ ] No
If yes, how much have has the guardian received since the guardian's last report (or since the guardian's appointment if this is the guardian's first report)?
_____
How is the guardian's fee or payment calculated? _____
_____
Who pays the guardian's fee? _____

E. Since the guardian's last report (or since the guardian's appointment if this is the guardian's first report), has the guardian,

1. Been arrested for, charged with, or convicted of any felony or misdemeanor?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____
_____

2. Been investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____
_____

3. Filed for bankruptcy or received protection from creditors?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____
_____

4. Had any professional or occupational license revoked or suspended?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____
_____

5. Had the guardian's driver's license suspended or revoked?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____
_____

6. Delegated any powers over the Protected Person to another person?
[ ] Yes [ ] No
If yes, who were power(s) delegated to? _____
What power(s) were delegated? _____
For what period(s) of time? _____

7. Received any special training or certification as a guardian?
[ ] Yes [ ] No
If yes, please explain: _____
_____
_____

F. Is the guardian a court-appointed guardian or conservator for any other person?
[ ] Yes [ ] No
If yes, please list the court and case number(s) for each (*attach additional pages if necessary*):
_____
_____
_____
_____
_____
_____

AFFIRMATION UNDER PENALTY OF PERJURY

I, _____, am the guardian of _____, and I affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

Date Submitted: _____

_____
Guardian's Signature

_____
Typed/Printed Name

_____
Street or Post Office Address

_____
City, State and Zip Code

_____
Telephone Number(s)

_____
Fax Number

_____
Email

Is this a change in address from your previous report? [ ] Yes [ ] No

CERTIFICATE OF SERVICE

I certify that on (*date*) _____ I served a copy to the following individuals:

~~[ ] Protected Person~~

_____	~~[ ] By mail or other delivery service~~
_____	~~[ ] By fax (number) _____~~
_____	~~[ ] By hand delivery~~
_____	~~[ ] By e-mail~~

~~[ ] Person(s) designated by court order (name and address):~~

_____	~~[ ] By mail or other delivery service~~
_____	~~[ ] By fax (number) _____~~
_____	~~[ ] By hand delivery~~
_____	~~[ ] By e-mail~~
_____	~~[ ] By mail or other delivery service~~
_____	~~[ ] By fax (number) _____~~
_____	~~[ ] By hand delivery~~
_____	~~[ ] By e-mail~~
_____	~~[ ] By mail or other delivery service~~
_____	~~[ ] By fax (number) _____~~
_____	~~[ ] By hand delivery~~
_____	~~[ ] By e-mail~~
_____	~~[ ] By mail or other delivery service~~
_____	~~[ ] By fax (number) _____~~
_____	~~[ ] By hand delivery~~
_____	~~[ ] By e-mail~~

_____ _____

~~Typed/Printed Name~~ ~~Guardian's Signature~~]

GUARDIAN'S REPORT

*The **Guardian's Report** gives the court information about an adult who has a guardian. An adult under guardianship is called a **Protected Person**.*

Please select the reason why you are filing this Guardian's Report:

- ☐ **15 Day Temporary** – only if you are appointed as a temporary guardian. Must be filed within fifteen (15) days of appointment;
- ☐ **90 Day** – must be filed once, within ninety (90) days of your appointment as guardian;
- ☐ **Annual** – must be filed every year within thirty (30) days of your guardian appointment anniversary;
- ☐ **Final** – must be filed within thirty (30) days of one of the following occurring:
  (1) death of the Protected Person,

(2) a new or successor guardian is appointed, or
(3) the termination of the guardianship; OR

☐ **Final Temporary** – only if you are appointed as a temporary guardian. Must be filed within fifteen (15) days of termination of the temporary guardianship.

Completing the Guardian's Report

- Please type or print your answers, using blue or black ink.
- Complete all sections of this report and answer all questions thoroughly.
- You may attach additional pages if necessary.

After Completing the Guardian's Report

- Sign and affirm that the information you provided in this report is true and correct.
- File the original Guardian's Report with the District Court that has this case assigned.
- Make copies of the Guardian's Report. Keep one for your records and provide a copy to the Protected Person and anyone else the Judge has ordered.
- If you provide financial information in Section IV of this report, keep copies of the Protected Person's financial records for seven (7) years.

Date the Court appointed you guardian: _____

Name of Person(s) filling out this report: _____

FINAL REPORT

*If this is a **Final Report**, please check the box below that explains why you are filing a Final Report.*

If this is not a Final Report, skip to Section I.

☐ DEATH. The Protected Person has died (*please attach a copy of the death certificate or obituary*). Date of death: _____
Has someone opened a probate case? □ No □ Yes
If yes, what is the probate case number: _____

☐ NEW GUARDIAN APPOINTED. The court has appointed a new guardian.
Name of new guardian: _____

☐ TERMINATION OF THE GUARDIANSHIP. The court has issued an order ending the guardianship. Date Order issued: _____

☐ TERMINATION OF THE TEMPORARY GUARDIANSHIP. The court has issued an order ending the temporary guardianship. Date Order issued: _____

☐ Other (*please explain*): _____

_____

SECTION I
Information about the Protected Person

Name of the Protected Person: _____
Date of Birth: _____ Age: _____
Phone: (_____) _____-_____ □ cell □ landline □ message □ other: _____
Email address: _____

A. Which best describes where the Protected Person lives? (select one)
□ Private home with family □ Private home with non-family □ Group Home
□ Independent Housing/Living □ Nursing Home □ Skilled Nursing/Rehab Facility
□ Homeless/Unhoused □ Shelter □ Other: _____

B. Why was this living arrangement chosen for the Protected Person? _____
_____
_____

C. How long has the Protected Person lived at this location? _____

D. Do you think the Protected Person's living arrangement will change in the next 12 months?
☐ No ☐ Yes ☐ Unknown If yes, why? _____
_____

E. Do you believe the Protected Person could live and function better in another setting?
☐ No ☐ Yes If yes, please describe: _____
_____

Living Arrangements of the Protected Person

Does the Protected Person live in a facility?
□ Yes → If yes, complete **Part A**.
□ No → If no, complete **Part B**.

PART A – Only complete Part A if the Protected Person lives in a facility.

A facility refers to any living situation that is not a family home.

Name of facility:

Physical address where the Protected Person lives:

Street Number	Street Name	City	Zip Code

Contact person at facility:

Name	Phone	Email

OR

PART B – Complete this section only if the Protected Person lives in a family setting.

This includes a living arrangement in a family home.

Physical address where the Protected Person lives:

Street Number	Street Name	City	Zip Code

Care/Living Arrangements

F. Please answer these questions about the Protected Person's care and living arrangements.

Category	Fee Paid	Amount	Source of Payment
Caregiver's Name: _____	□ Yes □ No	$ _____ □ Week □ Month	
Room and Board – (family home)	□ Yes □ No *If yes, does a family member receive this fee?* □ Yes □ No	$ _____ □ Week □ Month	
Rent or Facility Charges	□ Yes □ No	$ _____ □ Week □ Month	
Other:	□ Yes □ No	$ _____ □ Week □ Month	

Living Environment

G. Please answer these questions about the Protected Person's living situation.

1. List of people who live with the Protected Person:		
2. Concerns with people who live with the Protected Person?	□ Yes □ No	*If yes, please describe:*
3. Any other concerns with the Protected Person's living situation?	□ Yes □ No	*If yes, please describe your concerns:*
4. Was the Protected Person included in deciding where to live?	□ Yes □ No	*If no, please describe why not:*
5. How does the Protected Person feel about the living placement?		

Quality of Care

H. Please answer these questions about the quality of care that the Protected Person is receiving. If you have any concerns, please list them in the "concerns" column.

Category	**Answer**	**Concerns**
1. Cleanliness	□ Yes □ No	
2. Nutrition/Meals	□ Yes □ No	
3. Privacy	□ Yes □ No	
4. Safety	□ Yes □ No	
5. Care Plan	□ Yes □ No	
6. Other:	□ Yes □ No	

Visitation Restrictions

I. Please answer the following question regarding visitation restrictions:

1. Has someone restricted the Protected Person from communicating, visiting, or interacting with others? □ Yes □ No

2. Are other people restricted from communicating, visiting, or interacting with the Protected Person? □ Yes □ No

3. If you answered "Yes" to question 1 or 2 above, please provide the following information:

Name of Person with Restriction	**Type of Restriction**	**Date Restriction Began**	**Date Restriction Ended**	**Court Order Authorizing Restriction?**
	□ Communication □ Visitation			□ Yes □ No
	□ Communication □ Visitation			□ Yes □ No

SECTION II
Protected Person's Health

A. Please answer the following questions regarding the Protected Person's health.

1. List the physical or medical reason(s) why the Protected Person needs a guardian:

_____

_____

2. Please answer these questions about the Protected Person's overall health:

	Protected Person's condition since last Annual Report	**Significant Changes/Issues**
Physical Health	☐ Poor ☐ Fair ☐ Good ☐ Excellent	
Mental Health	☐ Poor ☐ Fair ☐ Good ☐ Excellent	
Medical Procedures (last 12 months)	*Please list:*	
Mental Health Treatment (last 12 months)	*Please list:*	

3. Please describe the type of regular care the Protected Person receives:

	Answer	**Provider's Name**
Healthcare Provider	□ Yes □ No	

Dentist	□ Yes □ No	
Mental Health Professional	□ Yes □ No	
Other:		

4. If you answered no above, why does the Protected Person not have this type of provider?

_____

5. Do you attend medical and/or mental health appointments with the Protected Person?
□ Yes □ No If no, why not? _____

_____

SECTION III
Protected Person's Services and Activities

A. Please answer these questions regarding the services the Protected Person receives.

Type of Benefit	**Protected Person Receives?**	**Description**	**Unmet Need?**
PUBLIC BENEFIT (*examples: SNAP, DD waiver, SSI, Medicaid)*	□ Yes □ No		□ Yes □ No
SUPPORT SERVICES (*examples: therapeutic services, housing options, employment support*)	□ Yes □ No		□ Yes □ No
SUPPORTED LIVING Services *(examples: recreational activities, meal preparation, transportation)*	□ Yes □ No		□ Yes □ No
JOB TRAINING OR COACHING	□ Yes □ No		□ Yes □ No
OTHER:	□ Yes □ No		□ Yes □ No

B. If you answered "yes" to an unmet need above, please explain: _____

_____

_____

C. Please describe the types of activities the Protected Person participates in. Some examples of activities are: family get-togethers, worship, social outings, hobbies, exercise/sports, and travel.

_____

_____

_____

_____

_____

SECTION IV
Protected Person's Financial Status

A. Please answer these questions about the Protected Person's finances.

Does the Protected Person have?	**Answer**	**Name**
Conservator	□ Yes □ No	
Representative Payee	□ Yes □ No	
Employment (Job)	□ Yes □ No	
Trust	□ Yes □ No	

B. As the Protected Person's guardian or Rep Payee, do you help manage the Protected Person's money?

□ No. ***SKIP to Section V***

□ No, but I am their Conservator. ***SKIP to Section V***

□ Yes. If you are the guardian or Rep Payee, you must provide the following information:

C. Is the Protected Person's money and/or benefit(s) deposited into more than one account?

□ No □ Yes If yes, how many accounts? _____

Protected Person's Account(s)	**Name of Bank/ Company**	**Name(s) on the Account**	**Current Balance**	**Last Year's Balance**
Checking			$	$
Savings			$	$
CDs			$	$
Investment Account			$	$
Retirement/Pension			$	$
ABLE Account			$	$
Other:			$	$
GRAND TOTAL			$	$

➔ ***You need to submit all financial statements and records that back up the financial information provided in the chart above under Rule 1-145 NMRA. The Court will seal all financial records that are filed, and only a separate Court Order can open them.***

★ If you manage the Protected Person's money, keep a copy of **ALL** of the Protected Person's financial records for **seven (7) years**. You must provide these to the court upon request.

D. Please answer the following questions about any money or benefit the Protected Person receives.

Money or Benefit Received for/by the Protected Person	**Answer**	**Amount**	**Where is this money deposited?**
Social Security	□ Yes □ No	$ □ Week □ Month	
EBT/SNAP	□ Yes □ No	$ □ Week □ Month	
Disability	□ Yes □ No	$ □ Week □ Month	
Pension/Retirement	□ Yes □ No	$ □ Week □ Month	
Job (salary)	□ Yes □ No	$ □ Week □ Month	
Trust/Settlement	□ Yes □ No	$ □ Week □ Month	
Other:	□ Yes □ No	$ □ Week □ Month	

E. Please answer these questions about any "out-of-pocket" monies paid by, or on behalf of the Protected Person. Do not include DD Waiver funds, Mi Via funds, Medicaid, Medicare, and similar sources.

Money Paid	**Monthly (Average)**	**Yearly total (12 Month Period)**
List all fees paid to caregivers:	$	$
Money given to the Protected Person (allowance, personal spending, etc.)	$	$
Fee paid to the Guardian	$	$
Fee paid to the Conservator	$	$
Housing cost (mortgage, rent, room and board)	$	$
Utilities (electric, gas, phone, internet)	$	$
Insurance (home, life, auto, etc.)	$	$
Medical (medications, premium, co-pay, out-of-pocket, etc.)	$	$
Personal Care/Items (clothing, toiletries, hair, nails, etc.)	$	$
Gifts/Donations/Tithing	$	$
Miscellaneous (legal fees, accounting fees, moving expenses, etc.):	$	$
Other:	$	$
Grand Total	**$**	**$**

F. Please answer these two questions about important changes regarding the Protected Person's finances.

1. Are there big changes in the Protected Person's ability to handle their finances?

_____

_____

_____

_____

_____

2. Have there been any major changes in the Protected Person's finances? This includes things like a settlement, inheritance, lottery winnings, and reverse mortgage. If so, please describe:

_____

_____
_____
_____
_____
_____
_____

SECTION V
Information about the Guardianship

A. Please answer these questions regarding important decisions you have made for the Protected Person in the past year:

Decision	**In last 12 months?**	**Reason for Decision**
Change healthcare provider(s)	□ Yes □ No	
Change in medical treatment	□ Yes □ No	
Change in mental health treatment	□ Yes □ No	
Surgery	□ Yes □ No	
Burial/Final Disposition Arrangements	□ Yes □ No	
Other:	□ Yes □ No	

B. Please describe how the Protected Person participates in making decisions and how they feel.

Category	**Is the Protected Person involved in making decisions?**	**How does the Protected Person feel about the current situation?**
Living arrangements (housing)	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed
Healthcare providers	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed
Medications and/or Treatment Decisions	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed

Category	**Is the Protected Person involved in making decisions?**	**How does the Protected Person feel about the current situation?**
Guardianship	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed
Finances	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed
Other:	□ Yes □ No	□ Good □ Poor □ No Opinion Expressed

C. If the Protected Person does not participate in making decisions, please explain why:

_____

_____

_____

D. Does the Protected Person have any other major issues or unmet needs that you have not mentioned in this report? ☐ No ☐ Yes

If yes, please describe:

_____

_____

_____

_____

E. Please answer these questions about how people feel about the guardianship. Also, note if anyone has filed complaints (grievances) with the court.

Person	**Opinion about Guardianship**	**Grievance Filed?**
Protected Person	□ Good □ Poor □ Unknown □ No opinion expressed	□ Yes □ No □ Unknown
Guardian	□ Good □ Poor □ Unknown □ No opinion expressed	□ Yes □ No □ Unknown
Family	□ Good □ Poor □ Unknown □ No opinion expressed	□ Yes □ No □ Unknown
Other:	□ Good □ Poor □ Unknown □ No opinion expressed	□ Yes □ No □ Unknown

F. Please answer the following questions about changing or ending the guardianship.

Question	**Guardian's Opinion**	**Protected Person's Opinion**

Should the Guardianship be changed?	□ Yes □ No	□ Yes □ No □ Unknown
Should the Guardianship be terminated?	□ Yes □ No	□ Yes □ No □ Unknown

G. Is there anything else you would like to tell the court about the guardianship? _____

_____

_____

SECTION VI
Information about the Guardian

Please answer all of the following questions.

1. Who is the Protected Person's guardian?		**Name**	**Age**
a. Is there a co-guardian?	□ Yes □ No □ Unknown		
b. Is there a successor guardian appointed?	□ Yes □ No □ Unknown		
c. Does anyone else assist the guardian in making decisions for the Protected Person?	□ Yes □ No □ Unknown		

B. Does the guardian have any major physical, mental or financial issues and would these affect their ability to keep serving as a guardian? □ No □ Yes If yes, please describe _____

_____

_____

1. If the guardian is unable to continue serving as the guardian, is there someone else in the Protected Person's life who could serve as guardian? □ No □ Yes If yes, please provide this person's name and contact information: _____

_____

2. Is the guardian willing to continue serving as the guardian? □ Yes □ No ***If no, you must continue to serve until the court appoints another guardian.***

C. Does the guardian charge a fee? ☐ No ☐ Yes ***If yes, please answer questions below.***

Guardian's Fee	**Total fee paid since last annual report**	**Who pays the guardian's fee**
$_____ □ hourly □ monthly	$_____	☐ Protected Person's Estate ☐ Office of Guardianship ☐ Other:

D. Do you serve as a Guardian for more than two (2) Protected Persons who are not family members?
□ No □ Yes If yes, please provide the number of Protected Persons assigned to you _____

➔ **If you answered "Yes" to the question above, complete the *Information on Professional Guardians Addendum* and submit it with this annual report.**

Contact with the Protected Person

E. What type of contact does the guardian have with the Protected Person?
_____
_____
_____

F. Date of last contact _____ Type of Contact: _____

Information about the Guardian

G. Please answer these questions about the Protected Person's guardian (since the last annual report). If you answer "yes" to any question, please provide additional information.

□ Yes □ No	1. Arrested for, charged with, or convicted of any felony or misdemeanor.
□ Yes □ No	2. Investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency.
□ Yes □ No	3. Filed for bankruptcy or received protection from creditors.
□ Yes □ No	4. Professional or occupational license revoked or suspended.
□ Yes □ No	5. Driver's license suspended or revoked.
□ Yes □ No	6. Given any powers over the Protected Person to another person.

If you answer "yes" to any question above, please provide additional information.
_____
_____
_____
_____

AFFIRMATION UNDER PENALTY OF PERJURY

I, _____, am the guardian of _____. I affirm, under penalty of perjury under the laws of the State of New Mexico, that all information in this report is true and correct.

Date _____

_____
Guardian's Signature

_____
Typed/Printed Name

_____
Street or Post Office Address

_____
City, State and Zip Code

_____
Telephone Number(s)

_____

_____
Fax Number

_____
Email

Has the contact information changed from your previous report? ☐ Yes ☐ No

★ It is important that the Court have your most current contact information on file. Do you want the Court to update your address and contact information in the court record to the information listed above. ☐ Yes ☐ No

CERTIFICATE OF SERVICE

I certify that on (*date*) _____ I served a copy to the following individuals:

☐ Protected Person

_____
_____
_____
_____

☐ By mail or other delivery service
☐ By fax (*number*) _____
☐ By hand delivery
☐ By e-mail

☐ Person(s) designated by court order (*name and address*):

_____
_____
_____
_____

☐ By mail or other delivery service
☐ By fax (*number*) _____
☐ By hand delivery
☐ By e-mail

_____
_____
_____
_____

☐ By mail or other delivery service
☐ By fax (*number*) _____
☐ By hand delivery
☐ By e-mail

_____
_____
_____
_____

☐ By mail or other delivery service
☐ By fax (*number*) _____
☐ By hand delivery
☐ By e-mail

_____
_____
_____
_____

☐ By mail or other delivery service
☐ By fax (*number*) _____
☐ By hand delivery
☐ By e-mail

_____ _____
Typed/Printed Name Guardian's Signature

[Approved by Supreme Court Order No. 18-8300-005, effective for all cases on or after July 1, 2018; as amended by Supreme Court Order No. 21-8300-003, effective June 22, 2021; as amended by Supreme Court Order No. S-1-RCR-2026-00215, effective December 31, 2026.]