

1 **4-996. Guardian’s report.**

2
3 [For use with Rule 1-140 NMRA]

4
5 **STATE OF NEW MEXICO**
6 **COUNTY OF _____**
7 **_____ JUDICIAL DISTRICT**

8
9
10 **In the matter of _____,** **No. _____**
11 **a Protected Person.**

12 **GUARDIAN’S REPORT**

13
14
15 ***Instructions.***

16
17 *You must use this form, Form 4-996 NMRA, when you file a **Guardian’s Report**. The*
18 *purpose of this **Guardian’s Report** is to give the court information about an adult for*
19 *whom a guardian has been appointed.*

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

39
40
41 **TYPE OF REPORT:** 90-day Annual Final

42
43 **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

- 1 Group Home
- 2 Licensed Nursing Facility
- 3 Other (*please explain*) _____
- 4 _____

5 I. Name of Facility: _____

7 _____
Facility contact person's name: _____

8 Facility's physical address: _____

9 Facility's contact information:

10 Telephone: _____ Email: _____

11 J. How is the facility paid for? _____

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

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| 15 Cleanliness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16 Nutrition/Meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17 Personal Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18 Privacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19 Individualized Care Plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20 Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21 Other: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

23 _____

24 _____
25 L. Has the Protected Person been restricted from communicating, visiting, or
26 interacting with others? Yes No

27 If yes, describe the restrictions: _____

28 _____

29 _____
30 What are the reasons for the restrictions? _____

31 _____

32 _____
33 Who imposed the restrictions? _____

34 When were the restrictions imposed? _____

35 Are the restrictions still in place? Yes No

36 M. Have others been restricted from communicating, visiting, or interacting with the
37 Protected Person? Yes No

38 If yes, describe the restrictions: _____

39 _____

40 _____
41 What are the reasons for the restrictions? _____

42 _____

43 _____
44 Who imposed the restrictions? _____

45 When were the restrictions imposed? _____

46 Are the restrictions still in place? Yes No

1 N. Why was this facility chosen for the Protected Person? _____
2 _____
3 _____

4 O. How does the Protected Person feel about the placement? _____
5 _____
6 _____

7 P. Do you believe the Protected Person could live and function more independently in
8 a different type of setting? Yes No

9 Please explain your answer: _____
10 _____
11 _____

12 Q. Have you tried to change the Protected Person's residence in the past year?

13 Yes No

14 If yes, what was the outcome? _____
15 _____
16 _____

17 How does the Protected Person feel about the change of residence? _____
18 _____
19 _____

20
21 **END OF PART A – If you filled out Part A, skip to Section II.**

22
23 **PART B**

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

25
26 H. Describe the Protected Person's living arrangement: _____
27 _____

28 I. Does the Protected Person live with you?

29 a. If yes, do you charge the Protected Person room and board? Yes

30 No

31 b. If yes, how much per month? _____

32 [~~J~~] J. Who takes care of the Protected Person? _____
33 _____

34 Caregiver's physical address: _____

35 Caregiver's contact information:

36 Telephone: _____ Email: _____

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

39 Cleanliness Yes No

40 Nutrition/Meals Yes No

41 Personal Care Yes No

42 Privacy Yes No

43 Safety Yes No

44 Other: _____ Yes No

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

4 [~~K.~~] L. List all people living with the Protected Person and their relationship to the
5 Protected Person: _____
6 _____

7 [~~L.~~] M. Has anyone moved into or out of the Protected Person's residence during
8 the last 12 months? Yes No

9 If yes, please explain: _____
10 _____

11 [~~M.~~] N. List any person who lives with the Protected Person and is paid to provide
12 services for the Protected Person. (*attach additional pages if necessary*)

13 Name: _____

14 Relationship to Protected Person: _____

15 Types of Services: _____

16 Payment: _____ Source of Payment: _____

17 [~~N.~~] O. Do you have concerns about anyone who lives with the Protected Person?

18 Yes No

19 If yes, please explain: _____
20 _____
21 _____

22 [~~O.~~] P. Why was this living arrangement chosen for the Protected Person? _____
23 _____
24 _____

25 [~~P.~~] Q. How does the Protected Person feel about the living arrangement? _____
26 _____
27 _____

28 [~~Q.~~] R. Do you believe the Protected Person could live and function more
29 independently in a different type of setting? Yes No

30 Please explain your answer: _____
31 _____
32 _____

33 [~~R.~~] S. Have you tried to change the Protected Person's residence in the past
34 year?

35 Yes No

36 If yes, what was the outcome? _____
37 _____
38 _____

39 How does the Protected Person feel about the change of residence? _____
40 _____
41 _____

42 [~~S.~~] T. Has the Protected Person been restricted from communicating, visiting, or
43 interacting with others? Yes No

44 If yes, describe the restrictions: _____
45 _____
46 _____

1 What are the reasons for the restrictions? _____
2 _____
3 _____

4 Who imposed the restrictions? _____

5 When were the restrictions imposed? _____

6 Are the restrictions still in place? Yes No

7 [~~T~~] U. Have others been restricted from communicating, visiting, or interacting
8 with the Protected Person? Yes No

9 If yes, describe the restrictions: _____
10 _____
11 _____

12 What are the reasons for the restrictions? _____

13 _____
14 _____

15 Who imposed the restrictions? _____

16 When were the restrictions imposed? _____

17 Are the restrictions still in place? Yes No

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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: _____

1 C. Is the Protected Person under a healthcare provider's regular care?

2 Yes No

3 If yes, please identify the Protected Person's healthcare providers:

4 Primary care provider: _____

5 Dentist: _____

6 Mental health professional: _____

7 Other: _____

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

9
10 E. Do you attend the Protected Person's medical and/or mental health appointments?

11 Yes No

12 If no, why not? _____

13
14
15 **SECTION III - Protected Person's Services and Activities.**

16
17 A. Is the Protected Person receiving support services, including public benefits?

18 Yes No

19 If yes, please list: _____

20
21 B. Are you in regular contact with the Protected Person's support-service providers?

22 Yes No

23 If yes, how often and in what manner? _____

24
25 If no, why not? _____

26
27 C. Is the Protected Person involved in selecting the Protected Person's services?

28 Yes No

29 If no, please explain: _____

30
31 D. Is the Protected Person involved in developing the Protected Person's care plan or
32 service plan? Yes No

33 If no, why not? _____

34
35 E. Does the Protected Person participate in social activities, such as family gatherings,
36 local events, worship services, or community groups? Yes No

37 If yes, please describe: _____

38
39
40 If no, why not? _____

41
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43 **SECTION IV - Protected Person's Financial Status.**

44 A. Does the Protected Person have a conservator? Yes No

1 If yes, what is the conservator's name and contact information? _____
2 _____

3 B. Are you responsible for the Protected Person's money in your role as guardian?

4 Yes No

5 If yes, are you keeping the Protected Person's money and your money in separate accounts?

6 Yes No
7

8 *If you are responsible for the Protected Person's money, you must keep the Protected Person's*
9 *money in a separate account from yours and that of others.*
10

11
12 If [no] you are not doing this, why not? _____
13 _____
14 _____

15 C. Are you responsible for the Protected Person's money in any other capacity or role
16 (e.g., Representative Payee, VA Fiduciary, Power of Attorney, Trustee)?

17 Yes No

18 If yes, please describe: _____
19 _____

20 If you are not responsible for the Protected Person's money in any other capacity or role,
21 the name, role, and contact information for those who are:

22 D. If you are responsible for the Protected Person's money, please complete the
23 following summary of financial activity **since your appointment or last report:**
24

Balance of Protected Person's bank accounts on date of your appointment or last report (savings, checking, CDs, money market, etc.)	\$	
Plus (+) <u>annual</u> money received from any source on behalf of the Protected Person (Social Security, SSI, pension, disability, interest, etc.)	+	
Less (-) <u>annual</u> total fees to care providers	-	
Less (-) <u>annual</u> total monies paid to the Protected Person (personal needs, etc.)	-	
Less (-) <u>annual</u> total fees paid to guardian	-	
Less (-) <u>annual</u> any other expenses (room and board, housing, insurance, maintenance, etc.)	-	
Ending balance of bank accounts		\$

25
26 *If you are responsible for the Protected Person's money, you must keep a copy of ALL of the*
27 *Protected Person's financial records for seven years and make them available to the court upon*
28 *request.*
29

30 E. Is the Protected Person employed? Yes No

31 If yes, identify the Protected Person's employer, job title, and wages: _____
32 _____

33 Does the Protected Person have control of these wages? Yes No

34 If no, why not? _____
35 _____

1 F. Describe efforts to allow the Protected Person to make financial decisions: _____
2 _____
3 _____

4 G. Have there been any significant changes in the Protected Person's ability to manage
5 finances? Yes No

6 If yes, describe: _____
7 _____

8 H. Have there been any significant changes in the Protected Person's financial
9 situation, such as a settlement, inheritance, lottery winnings, reverse mortgage, etc.?

10 Yes No

11 If yes, describe: _____
12 _____
13 _____

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

15
16 A. Describe significant decisions you have made for the Protected Person in the last
17 12 months (e.g., change in healthcare providers, enrollment in hospice, discontinuation of
18 treatment, surgery, etc.): _____
19 _____
20 _____

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

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

26 D. Describe any significant problems or unmet needs of the Protected Person not
27 described elsewhere: _____
28 _____
29 _____

30 E. Does the Protected Person believe that the guardianship should be changed or
31 terminated? Yes No

32 If yes, please explain: _____
33 _____

34 Have you informed the Protected Person that the Protected Person may contact the court
35 to request changing or terminating the guardianship? Yes No

36 If no, why not? _____
37 _____

38 F. Do you believe that the guardianship should be changed or terminated?

39 Yes No

40 **If yes, you have a duty to file a separate written request asking the court to schedule**
41 **a status conference to review the guardianship.**

42 G. How does the Protected Person feel about the guardianship? _____
43 _____
44 _____

1 H. Is there anything else you would like to tell the court about the guardianship? _____
2 _____
3 _____
4 _____

5 **SECTION VI – Information about the Guardian.**

6
7 *For purposes of this section, “guardian” means an individual or a corporate entity appointed*
8 *by the court, and includes any individual working for a corporate entity who is responsible for*
9 *the Protected Person.*

10
11 A. Do you serve as guardian for more than two non-family members?

12 Yes No

13 B. If yes, are you certified with the Center for Guardianship Certification?

14 Yes No

15 If yes, please attach a copy of your Certification to this report.

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

18 If yes, please explain: _____
19 _____

20 [~~B.~~] D. Does the guardian charge a fee or receive payment for acting as the Protected
21 Person’s guardian? Yes No

22 If yes, how much has the guardian received since the guardian’s last report (or since
23 the guardian’s appointment if this is the guardian’s first report)? _____
24 _____

25 How is the guardian’s fee or payment calculated? _____
26 _____

27 Who pays the guardian’s fee? _____

28 [~~C.~~] E. Since the guardian’s last report (or since the guardian’s appointment if this is the
29 guardian’s first report), has the guardian,

30 1. Been arrested for, charged with, or convicted of any felony or
31 misdemeanor?

32 Yes No

33 If yes, please explain: _____
34 _____
35 _____

36 2. Been investigated by the Children, Youth and Families Department
37 (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other
38 governmental agency?

39 Yes No

40 If yes, please explain: _____
41 _____
42 _____

43 3. Filed for bankruptcy or received protection from creditors?

44 Yes No

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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: _____

[D.] 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

1
2
3
4

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

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6
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[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.]