
Name of Guardian

Address

City, State, Zip Code

Telephone Number

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAII

In the Matter of the Guardianship of _____) FC-G No. _____
)
) ANNUAL REPORT OF THE GUARDIAN
) OF AN INCAPACITATED PERSON FOR
_____,) _____ TO _____;
(Full Legal Name)) NOTICE OF FILING OF ANNUAL REPORT
An Incapacitated Person.)
_____)

ANNUAL REPORT OF THE GUARDIAN OF AN INCAPACITATED PERSON

FOR _____ TO _____

Age of Incapacitated Person (Ward): _____


1. INFORMATION ON GUARDIAN(S)

a. _____
Guardian's Name Date Appointed

Residence Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Home Phone No. Business Phone No.

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require reasonable accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at 954-8290 if you have any questions regarding forms or procedures.

B.

| | |
|------------------------------------------|--------------------|
| Guardian's Name | Date Appointed |
| Residence Address, City, State, Zip Code | |
| Mailing Address, City, State, Zip Code | |
| Home Phone No. | Business Phone No. |

2. RESIDENTIAL ARRANGEMENTS (during the period covered by this Annual Report)

| | |
|-------------------------------------------------|-----------|
| Ward's Residence Address, City, State, Zip Code | Phone No. |
| Caregiver's Name | Phone No. |

3. PRESENT CONDITION OF THE WARD (Please describe the present condition of the Ward.)

4. SERVICES PROVIDED TO THE WARD (Please provide the medical, educational, vocational, and other services provided to the Ward and your opinion as to the adequacy of the Ward's care during the period covered by this Annual Report. Please include the Individualized Service Plan (ISP).)

5. **SUMMARY OF GUARDIAN'S VISITS WITH WARD, ETC.** (Please provide a summary of your visits with the Ward and activities on the Ward's behalf and the extent to which the Ward has participated in decision-making.)

6. **CURRENT PLAN FOR CARE, TREATMENT, OR HABILITATION** (If the Ward is presently in an institution, is the current plan for care, treatment or habilitation in the Ward's best interests?)

7. **PLANS FOR FUTURE CARE** (Please describe if there are any plans for future care.)

8. **NEED FOR CONTINUED GUARDIANSHIP AND/OR ANY CHANGES:** (Please provide your recommendation as to whether or not the guardianship needs to continue and if there are any recommended changes in the scope of the guardianship.)

9. FINANCIAL SITUATION

A. Was a Conservator (other than yourself) appointed by the First Circuit Court, State of Hawai'i, to manage Ward's financial affairs? Yes No

 Name of Conservator Phone No. FC Case No.

B. Monthly income (incoming income received from Social Security, Pensions, retirement, etc. **Do not include account numbers or social security numbers.**)

 Source Amount Payee

C. List assets (checking, savings, etc. - **Do not include account numbers or social security numbers.**) Provide balance and date:

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE AND TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

| |
|-------------------------------|
| FOR OFFICIAL USE |
| _____ Date Reviewed |
| _____ Family Court Officer |

 Guardian's Signature Date

 Guardian's Signature Date

Date Report Due: _____

Return completed form to: Attention: Gordean Akiona
 Office of the Deputy Chief Court Administrator
 Ronald T.Y. Moon Kapolei Courthouse
 4675 Kapolei Parkway
 Kapolei, Hawai'i 96707

IN THE FAMILY COURT OF THE FIRST CIRCUIT
STATE OF HAWAI'I

In the Matter of the Guardianship of) FC-G No. _____
)
) NOTICE OF FILING OF ANNUAL REPORT
)
)
_____,)
(Full Legal Name))
An Incapacitated Person.)
_____)

NOTICE OF FILING OF ANNUAL REPORT

STATE OF HAWAI'I

TO:

Name and Address:

Name and Address:

Name and Address:

Name and Address:

Notice is hereby given that _____ has submitted the attached Annual Report to the Family Court of the First Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

DATED: Kapolei, Hawai'i, _____.

Signature of Guardian

SAMPLE - Instruction Sheet for Completing the Notice of Filing of Annual Report

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of _____) FC-G No. 12-1-1234
)
) NOTICE OF FILING OF ANNUAL REPORT
)
)
)
 _____)
 (Full Legal Name))
 An Incapacitated Person.)
 _____)

NOTICE OF FILING OF ANNUAL REPORT

STATE OF HAWAI'I

TO:

Name and Address:

John A. Doe
1234 Silver Street
Honolulu, Hawai'i 96800

← Sample name and address of Ward

Name and Address:

← ← If your Order Appointing Guardian ordered you to give copies of the annual report and notice to other people, list their names and addresses here.

Notice is hereby given that _____ (Name of Guardian) _____ has submitted the attached Annual Report to the Family Court of the First Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

DATED: Kapolei, Hawai'i, (date that Guardian mails this report to Family) .

(Guardian signs here)
Signature of Guardian