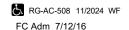
Name of Guardian	
Address	
City, State, Zip Code	
Telephone Number	
IN THE FAMILY COU	RT OF THE FIRST CIRCUIT
STATE	OF HAWAI'I
	) DIAN OF AN INCAPACITATED PERSONTO
1. INFORMATION ON GUARDIAN(S	)
a. Guardian's Name	Date Appointed
Residence Address, City,	, State, Zip Code
Mailing Address, City, Sta	ate, 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.		
Σ.	Guardian's Name	Date Appointed
	Residence Address, City, State, Zip Code	
	Mailing Address, City, State, Zip Code	
	Home Phone No.	Business Phone No.
. RESII	DENTIAL ARRANGEMENTS (during the period cove	ered by this Annual Report)
	Ward's Residence Address, City, State, Zip Code	Phone No.
	Caregiver's Name	Phone No.
. PRES	SENT CONDITION OF THE WARD (Please describ	be the present condition of

the Ward.

SERVICES PROVIDED TO THE WARD (Please provide the medical, educational, 4. 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).)

3.

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. FIN	IANCIAL SITUATI	ON			
A.	Was a Conserv	vator (other	than yourself) appoin	ted by the First Circuit Co	ourt,
	State of Hawai	i, to manag	e Ward's financial af	fairs? □Yes □No	
	Name of Conserva	ator	Phone No.	FC Case No.	
B.		n Social Security, Pensic Imbers or social secu			
	Source		Amount	Payee	
	social security	y numbers	) Provide balance ar	clude account numbers and date:  ARES, UNDER PENALTY COMPLETE, TRUE AND	´OF
THE BES	ST OF HIS/HER KI	NOWLEDG	E, INFORMATION A	ND BELIEF.	
FOR	OFFICIAL USE				
Da	ate Reviewed	d	Guardian's Signature	Date	
Fam	ily Court Officer	7	Guardian's Signature	Date	
			Date Report Due:		
Return co	ompleted form to:	Attention:	Program Specialist		
	•	Ronald T. 4675 Kapo	he Deputy Chief Cou Y. Moon Kapolei Cou olei Parkway lawai'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:	
•	has submitted.  Court of the First Circuit and that copies will be no later than fourteen (14) days after the date	
DATED: Kapolei, Hawaiʻi,		
<del>.</del>	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. <u>12-1-1234</u>
	) NOTICE OF FILING OF ANNUAL DEPORT
	) NOTICE OF FILING OF ANNUAL REPORT )
(Full Logal Name)	
(Full Legal Name)	)
An Incapacitated Perso	on. <i>)</i> )
NOTICE OF FILI	NG OF ANNUAL REPORT
STATE OF HAWAI'I	
TO:	
Name and Address:	
John A. Doe	Sample name and address of Ward
1234 Silver Street	<u> </u>
Honolulu, Hawaiʻi 96800	<del></del>
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.
	<del>_</del>
Notice is hereby given that	(Name of Guardian) has submitted
the attached Annual Report to the Fami	ly 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, Hawaiʻi, <mark>(da</mark>	te that Guardian mails this report to Family .
	(Guardian signs here)
	Signature of Guardian