

Name of Guardian

Address

City, State, Zip Code

Telephone Number

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

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

INITIAL REPORT OF THE GUARDIAN OF AN INCAPACITATED PERSON

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.

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. FINANCIAL SITUATION

A. Was a Conservator (other than yourself) appointed by the Second 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
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- 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.

_____ Guardian's Signature	_____ Date
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_____ Guardian's Signature	_____ Date
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Date Report Due: _____

Return completed form to: **Second Judicial Circuit
Attn: Special Services Branch
Ho`apili Hale Courthouse
2145 Main Street, Room 206
Wailuku, HI 96793**

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of the Guardianship of)
)
)
)
_____,)
(Full Legal Name))
)
An Incapacitated Person)
_____.)

FC-G No.
NOTICE OF FILING OF INITIAL REPORT

NOTICE OF FILING OF INITIAL REPORT

STATE OF HAWAII

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 Second 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: Wailuku, Maui, Hawai'i, _____

Signature of Guardian

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.