Name and Address of Ward	County		
Name and Address of Ward Type of Guardianship Guardianship Guardianship Guardianship Limited Guardiansh	County		
Guardianship of Person General Guardianship Limited Guardiansh	IN THE MATTER OF:		
General Guardianship Limited Guardianship	ss of Ward	Type of Guardianship	
Limited Guardianship		—	
Name and Address of Guardian Initial Status Report Annual Status Report Annual Status Report			
Name and Address of Guardian Initial Status Report		Limited Guardianship	
Name and Address of Guardian Initial Status Report			
The undersigned guardian, being duly sworn, says that insofar as he/she is informed and can determine a complete and accurate status report and is submitted in compliance with North Carolina General State. This status report covers the period of time of morth of	Date of birth		
The undersigned guardian, being duly sworn, says that insofar as he/she is informed and can determin a complete and accurate status report and is submitted in compliance with North Carolina General State. This status report covers the period of time of (month), (yyyy) extending from the day of (month) (yyyy) Report or summary of ward's medical, dental & mental health examinations Medical examination (including hospitalizations) 1. Date of examination(s)	ss of Guardian		
a complete and accurate status report and is submitted in compliance with North Carolina General Stat This status report covers the period of time of,		Annual Status Report	
a complete and accurate status report and is submitted in compliance with North Carolina General Stat This status report covers the period of time of,			
a complete and accurate status report and is submitted in compliance with North Carolina General Stat This status report covers the period of time of,			
a complete and accurate status report and is submitted in compliance with North Carolina General Stat This status report covers the period of time of,			
Medical examination (including hospitalizations) 1. Date of examination(s) 2. Name and address of examining physician(s) (Physician Name)	om the day of (day) ,	(month) (yyyy)	
(Physician Name)	Medical examination (including hospitalizations)		
(Physician Name)			
	address of examining physician(s)		
3 Place of examination(s)			
3. Place of examination(s)			
	xamination(s)		
4. Report of examinations(s) (Guardian may attach copy of additional examination r		may attach conv of additional evamination reports)	
	examinations(s) (Guardian i	may attach copy of additional examination reports)	

B.	Dental 1. Date of examination(s)
	Name and address of examining dentist(s)/physician(s)
	(Dentist/Physician Name)
	3. Place of examination(s)
	4. Report of examination(s) (Guardian may attach copy of additional examination reports)
C.	Mental health treatment (including hospitalizations) 1. Date of examination(s)
	Name and address of treating clinician(s)
	3. Place of examination(s)
	4. Report of examination(s) (Guardian may attach copy of additional examination reports)

D. Report of guardian on performance of duties					
E.	Report of the ward's residence, education, employment, and rehabilitation or habilitation				
F.	Report of guardian's efforts to seek least restrictive alternatives including 1. Restoration				
	2. Transfer				
	3. Limited				
	4. Alternatives				
G.	Other Reports				

	Here were the second of the se			
	(Guardian's Signature)	(Guardian's Signature)		
	(Agency)			
	(Street Address)			
	(City)	(State)	(Zip Code)	
	(Telephone Number)			
foregoing status report is complete informed as to the status of	(Guardian), first being dul and accurate to the extent that I can determin	ne and am	t the (Ward)	
	(Guardian's Signature)			
Sworn to and subscribed before me)			
Thisday of				
(Notary Public)				
My commission expires:				
submitted to:	Clerk			
Date:	Other			