

# Guardian(s)

# Annual Report Form



## Adult Guardianship

### INSTRUCTIONS TO GUARDIAN(S)

- Use this form if you are required as Guardian(s) to submit annual reports to the Court. Check your most recent court order for the due date.
- Print clearly using blue or black ink.
- You may include attachments.
- File with the Court Clerk. The Court Clerk will send any orders issued by the Court to your mailing address.

**IN THE COURT OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re the stiḥ alik<sup>w</sup> (guardianship) of:

\_\_\_\_\_

DOB: \_\_\_\_\_

A Vulnerable Adult.

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\_\_\_\_\_,  
Petitioner.

Case No. \_\_\_\_\_

- ANNUAL REPORT
- FINAL REPORT
- REPORT

**COMES NOW**, \_\_\_\_\_, Petitioner, and requests the Court accept this:

- ANNUAL REPORT.
- FINAL REPORT on the guardianship.
- REPORT that was ordered to be filed within \_\_\_\_\_ days of the last hearing.

1. The reporting period for this report is from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

2. Petitioner's contact information:  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

3. Vulnerable Tribal adult's contact information:  
 Same as Petitioner  
 Not Applicable  
 Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Is there an anticipated or proposed change in residence for the vulnerable Tribal adult?

*If yes, please explain.*

Yes    No    Not Applicable

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4. Please describe all actions taken to provide the vulnerable Tribal adult with continued access to his or her accustomed spiritual and religious community. *(e.g. maintain regular contact with religious community, provide time/space/transportation, etc.)*

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5. Please describe all actions taken to provide the vulnerable Tribal adult with access to appropriate Puyallup Tribal community social and cultural activities, and to family and extended family gatherings. *(e.g. seek out events, accompany to events, etc.)*

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6. Has there been a significant change in the vulnerable Tribal adult's mental, emotional, or physical well being since the last hearing?    Yes    No    Not Applicable

*If yes, please explain.*

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7. Please describe all actions taken to provide necessary and appropriate medical or therapeutic treatment, and other services that the vulnerable Tribal adult is/was receiving. (e.g. *schedule appointments, follow up with doctors, budget for costs, etc.*)

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8. Please list all medical or therapeutic practitioners that the vulnerable Tribal adult receives services/treatment from.

Name	Address	Type of Medical/Therapeutic Service

9. Please provide the following information for all caregivers, family members, or both, who provide assistance to the vulnerable Tribal adult. (Attach additional sheet if necessary)

Name	
Relationship	
Living Situation	Is caregiver/family member residing with the vulnerable Tribal adult? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Phone	
Responsibilities	

Name	
Relationship	
Living Situation	Is caregiver/family member residing with the vulnerable Tribal adult? <input type="checkbox"/> Yes <input type="checkbox"/> No

Address	
Phone	
Responsibilities	

Name	
Relationship	
Living Situation	Is caregiver/family member residing with the vulnerable Tribal adult? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Phone	
Responsibilities	

10. Please describe any proposed or anticipated changes in order to improve the vulnerable Tribal adult's living situation. (e.g. new medical equipment, vocational training, etc.)  NA

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11. Has there been any additional assistance or other services deemed required for the vulnerable Tribal Adult? (e.g. medical evaluations, in home health care, etc.)  Yes  No  NA

*If yes, please describe **and** state your plan of action to obtain these services for the vulnerable Tribal adult, if they have not already been acquired.*

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12.  Petitioner does not intend to transfer, sell, or otherwise dispose of any of the vulnerable Tribal adult's property.

Petitioner intends to transfer, sell, or otherwise dispose of the property listed below because \_\_\_\_\_.

- Cultural/Heritage Property
- Fishing/Diving/Hunting Equipment
- Vehicle(s)
- Household Items
- Electronics
- Appliances
- Tools
- Land
- Other: \_\_\_\_\_

13.  Petitioner has not transferred, sold, or otherwise disposed of any of the vulnerable Tribal adult's property.

Petitioner transferred, sold, or otherwise disposed of the property listed below because \_\_\_\_\_.

- Cultural/Heritage Property
- Fishing/Diving/Hunting Equipment
- Vehicle(s)
- Household Items
- Electronics
- Appliances
- Tools
- Land
- Other: \_\_\_\_\_

14. If you have control over the vulnerable Tribal adult's finances, please provide the following for each account for the reporting period (please attach additional sheet if necessary):

Account	
Amounts Received (SSI, Per Capita, etc.)	
Amounts Expended	
Balance	

15. Does the vulnerable Tribal adult have a will?  Yes  No  Unknown

16. Petitioner is requesting that a will be prepared for the vulnerable tribal adult.  Yes  No  
*If yes, please describe why this would be in the best interests of the vulnerable adult.*

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17. Please describe any other information about the stiḡalik<sup>w</sup>/guardianship that Petitioner believes the Court should consider.

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\*\*\*\*\* *Complete this section only if this is a FINAL REPORT* \*\*\*\*\*

18. A final inventory of resources and property is attached.  Yes  No

19. Please provide any additional information regarding the transfer of remaining resources of the vulnerable Tribal adult's estate.

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(Signature follows on next page)

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*/s/*

\_\_\_\_\_  
*Print Name – Guardian Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Guardian Signature (if any)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*/s/*

\_\_\_\_\_  
*Print Name – Co-Guardian Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*



**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_  
DOB(s): \_\_\_\_\_

=====

\_\_\_\_\_,  
Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_,  
Defendant(s)/Respondent(s).

Case No. \_\_\_\_\_

**PROOF OF SERVICE**

1. I, \_\_\_\_\_, certify that I am 18 years of age or older.  
*Name*
2. I am  not a party to this case  a party to this case. (*Summons, notice of hearing, and petitions must be served by someone who is not a party to the case.*)
3. I served  Plaintiff(s)/Petitioner(s),  Defendant(s)/Respondent(s),  Other: \_\_\_\_\_  
a true copy of the following document(s):  Petition  Notice of Hearing  Summons  
 Motion  Other: \_\_\_\_\_.
4. I served said document(s) by:  
 personally delivering to \_\_\_\_\_ on \_\_\_\_\_  
*Name* *Date*  
at \_\_\_\_\_, at \_\_\_\_\_.  
*Street Address, City, State, Zip Code* *Time*  
 mailing to \_\_\_\_\_,  
*Street Address or P.O. Box, City, State, Zip Code*  
via  first class mail  certified mail, return receipt requested  other: \_\_\_\_\_.  
 emailing to \_\_\_\_\_.  
*Email Address*

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: /s/ \_\_\_\_\_

(Party Electronic Signature)

Attorney/Advocate Bar No. (if applicable): \_\_\_\_\_

Case No. \_\_\_\_\_

PROOF OF SERVICE

Page 1 of 1