

**ANNUAL STATUS REPORT**RIGL 33-15-26.1 & RIGL 33-15-47**DATE FILED**FOR
COURT USE ONLY**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

1. The residence of the ward is:

Name of Ward _____Current Street
Address _____

City/Town _____

State _____

Zip
Code _____Phone
Number _____

2. The medical condition of the ward is:

3. I perceive the following changes in the decision-making capacity of the ward:

4. The following is a summary of the actions I have taken and decisions I have made on behalf of the ward during the last year:

*You may provide additional attachments, if necessary.*Name of
Guardian _____Signature
of Guardian _____

GUARDIAN SIGN HERE

Date _____

Notary:Name of
Notary _____

State _____

County _____

On _____ day of _____, 20_____, the above named Guardian Ad Litem, personally appeared and made oath to faithfully and impartially perform the duties of the foregoing appointment.

Signature of
Notary Public _____

NOTARY SIGN HERE

Date _____

Commission ID# _____

Commission Expiration Date _____

Notary Seal _____