

**4-996. Guardian's report.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

**In the matter of \_\_\_\_\_,**  
**a Protected Person.**

**No. \_\_\_\_\_**

**GUARDIAN'S REPORT**

***Instructions.***

*You must use this form, Form 4-996 NMRA, when you file a **Guardian's Report**. The purpose of this **Guardian's Report** is to give the court information about an adult for whom a guardian has been appointed.*

- 1. You must complete and file this **Guardian's Report**, as follows:
 
  - a. Within ninety (90) days of your appointment as guardian by the court;*
  - b. Every year within thirty (30) days of the anniversary date of your appointment as guardian;*
  - c. Within thirty (30) days of your resignation, removal, or termination as guardian; and*
  - d. As otherwise ordered by the court.**
- 2. Please type or print clearly using ink.*
- 3. Complete all sections of this report that apply, and answer all questions thoroughly.*
- 4. Attach additional pages if necessary.*
- 5. After completing this report, you must sign it under penalty of perjury.*
- 6. Copies of this report must be given to the Protected Person, the Protected Person's conservator if one has been appointed, and any other persons specified by the court.*
- 7. Keep a copy of this report for your records.*
- 8. If you give financial information in Section (IV)(D) of this report, you must keep a copy of **ALL** of the Protected Person's financial records for seven (7) years and make them available to the court upon request.*

**TYPE OF REPORT:**       90-day       Annual       Final

**Date of your appointment as guardian:** \_\_\_\_\_

*If this is a **Final Report**, please check the box below that explains why you are filing a **Final Report**, and fill in the requested information. If this is not a **Final Report**, skip to Section I.*

- The Protected Person has died (*attach a copy of the death certificate if available*).  
Date and place of death: \_\_\_\_\_  
\_\_\_\_\_  
Name of personal representative, if appointed: \_\_\_\_\_  
Address: \_\_\_\_\_
- The court has appointed a new guardian.  
Name of new guardian: \_\_\_\_\_  
Address and phone number of new guardian: \_\_\_\_\_
- The court has issued an order ending the guardianship.
- Other (*please explain*): \_\_\_\_\_

**SECTION I – Information about the Protected Person.**

- A. Protected Person’s name: \_\_\_\_\_
- B. Protected Person’s age: \_\_\_\_\_
- C. Protected Person’s physical address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_
- D. Protected Person’s telephone number(s) and other contact information:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
- E. Has the Protected Person’s residence changed in the last 12 months?  
 Yes       No  
If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_
- F. Will the Protected Person’s residence change in the next 12 months?  
 Yes       No       Unknown  
If yes, please explain why: \_\_\_\_\_  
\_\_\_\_\_
- G. Does the Protected Person live in a facility?  
 Yes      If yes, complete Part A, below (do not complete Part B).  
 No      If no, complete Part B, below (do not complete Part A).

**PART A**

**Complete Part A only if the Protected Person lives in a facility.**

- H. What type of facility does the Protected Person live in?  
 Assisted Living Facility  
 Group Home

- Licensed Nursing Facility  
 Other (please explain) \_\_\_\_\_

I. Name of Facility: \_\_\_\_\_  
Facility contact person's name: \_\_\_\_\_  
Facility's physical address: \_\_\_\_\_  
Facility's contact information:  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

J. How is the facility paid for? \_\_\_\_\_

K. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Cleanliness               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nutrition/Meals           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Care             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Privacy                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Individualized Care Plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you marked yes to any of the above, please explain: \_\_\_\_\_

L. Has the Protected Person been restricted from communicating, visiting, or interacting with others?  Yes  No

If yes, describe the restrictions: \_\_\_\_\_

What are the reasons for the restrictions? \_\_\_\_\_

Who imposed the restrictions? \_\_\_\_\_

When were the restrictions imposed? \_\_\_\_\_

Are the restrictions still in place?  Yes  No

M. Have others been restricted from communicating, visiting, or interacting with the Protected Person?  Yes  No

If yes, describe the restrictions: \_\_\_\_\_

What are the reasons for the restrictions? \_\_\_\_\_

Who imposed the restrictions? \_\_\_\_\_

When were the restrictions imposed? \_\_\_\_\_

Are the restrictions still in place?  Yes  No

N. Why was this facility chosen for the Protected Person? \_\_\_\_\_

- O. How does the Protected Person feel about the placement? \_\_\_\_\_  
 \_\_\_\_\_
- P. Do you believe the Protected Person could live and function more independently in a different type of setting?  Yes  No  
 Please explain your answer: \_\_\_\_\_  
 \_\_\_\_\_
- Q. Have you tried to change the Protected Person's residence in the past year?  
 Yes  No  
 If yes, what was the outcome? \_\_\_\_\_  
 \_\_\_\_\_
- How does the Protected Person feel about the change of residence? \_\_\_\_\_  
 \_\_\_\_\_

**END OF PART A – If you filled out Part A, skip to Section II.**

**PART B**

**Complete Part B only if the Protected Person does not live in a facility.**

- H. Describe the Protected Person's living arrangement: \_\_\_\_\_  
 \_\_\_\_\_
- I. Who takes care of the Protected Person? \_\_\_\_\_  
 Caregiver's physical address: \_\_\_\_\_  
 Caregiver's contact information:  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
- J. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?
- |                 |                              |                             |
|-----------------|------------------------------|-----------------------------|
| Cleanliness     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nutrition/Meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Care   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Privacy         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: _____    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If you marked yes to any of the above, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- K. List all people living with the Protected Person and their relationship to the Protected Person: \_\_\_\_\_  
 \_\_\_\_\_
- L. Has anyone moved into or out of the Protected Person's residence during the last 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

M. List any person who lives with the Protected Person and is paid to provide services for the Protected Person. (*attach additional pages if necessary*)

Name: \_\_\_\_\_

Relationship to Protected Person: \_\_\_\_\_

Types of Services: \_\_\_\_\_

Payment: \_\_\_\_\_ Source of Payment: \_\_\_\_\_

N. Do you have concerns about anyone who lives with the Protected Person?

Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

O. Why was this living arrangement chosen for the Protected Person? \_\_\_\_\_

\_\_\_\_\_

P. How does the Protected Person feel about the living arrangement? \_\_\_\_\_

\_\_\_\_\_

Q. Do you believe the Protected Person could live and function more independently in a different type of setting?       Yes       No

Please explain your answer: \_\_\_\_\_

\_\_\_\_\_

R. Have you tried to change the Protected Person's residence in the past year?

Yes       No

If yes, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

How does the Protected Person feel about the change of residence? \_\_\_\_\_

\_\_\_\_\_

S. Has the Protected Person been restricted from communicating, visiting, or interacting with others?       Yes       No

If yes, describe the restrictions: \_\_\_\_\_

\_\_\_\_\_

What are the reasons for the restrictions? \_\_\_\_\_

\_\_\_\_\_

Who imposed the restrictions? \_\_\_\_\_

When were the restrictions imposed? \_\_\_\_\_

Are the restrictions still in place?       Yes       No

T. Have others been restricted from communicating, visiting, or interacting with the Protected Person?       Yes       No

If yes, describe the restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the reasons for the restrictions? \_\_\_\_\_  
\_\_\_\_\_

Who imposed the restrictions? \_\_\_\_\_

When were the restrictions imposed? \_\_\_\_\_

Are the restrictions still in place?  Yes  No

**END OF PART B – Continue to Section II.**

**SECTION II - Protected Person's Health.**

A. Please describe the Protected Person's current physical health:

Poor  Fair  Good  Excellent

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please describe any changes to the Protected Person's physical health in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_

Please describe any medical treatment the Protected Person received in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_

B. Please describe the Protected Person's current mental health:

Poor  Fair  Good  Excellent

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Please describe any changes to the Protected Person's mental health in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_

Please describe any mental health treatment the Protected Person received in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_

C. Is the Protected Person under a healthcare provider's regular care?

Yes  No

If yes, please identify the Protected Person's healthcare providers:

Primary care provider: \_\_\_\_\_

Dentist: \_\_\_\_\_

Mental health professional: \_\_\_\_\_

Other: \_\_\_\_\_

D. How does the Protected Person feel about these healthcare providers? \_\_\_\_\_  
\_\_\_\_\_

E. Do you attend the Protected Person's medical and/or mental health appointments?

Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

**SECTION III - Protected Person's Services and Activities.**

A. Is the Protected Person receiving support services, including public benefits?

Yes       No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

B. Are you in regular contact with the Protected Person's support-service providers?

Yes       No

If yes, how often and in what manner? \_\_\_\_\_  
\_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

C. Is the Protected Person involved in selecting the Protected Person's services?

Yes       No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

D. Is the Protected Person involved in developing the Protected Person's care plan or service plan?       Yes       No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

E. Does the Protected Person participate in social activities, such as family gatherings, local events, worship services, or community groups?       Yes       No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

**SECTION IV - Protected Person's Financial Status.**

A. Does the Protected Person have a conservator?       Yes       No

If yes, what is the conservator's name and contact information? \_\_\_\_\_  
\_\_\_\_\_

B. Are you responsible for the Protected Person's money in your role as guardian?

Yes       No

If yes, are you keeping the Protected Person's money and your money in separate accounts?       Yes       No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_

C. Are you responsible for the Protected Person's money in any other capacity or role (e.g., Representative Payee, VA Fiduciary, Power of Attorney, Trustee)?

Yes       No

If yes, please describe: \_\_\_\_\_

D. If you are responsible for the Protected Person's money, please complete the following summary of financial activity **since your appointment or last report**:

Balance of Protected Person's bank accounts on date of your appointment or last report (savings, checking, CDs, money market, etc.)	\$	
Plus (+) money received from any source on behalf of the Protected Person (Social Security, SSI, pension, disability, interest, etc.)	+	
Less (-) total fees to care providers	-	
Less (-) total monies paid to the Protected Person (personal needs, etc.)	-	
Less (-) total fees paid to guardian	-	
Less (-) any other expenses (housing, insurance, maintenance, etc.)	-	
<b>Ending balance of bank accounts</b>		\$

*If you are responsible for the Protected Person's money, you must keep a copy of ALL of the Protected Person's financial records for seven years and make them available to the court upon request.*

E. Is the Protected Person employed?  Yes  No  
If yes, identify the Protected Person's employer, job title, and wages: \_\_\_\_\_

Does the Protected Person have control of these wages?  Yes  No  
If no, why not? \_\_\_\_\_

F. Describe efforts to allow the Protected Person to make financial decisions: \_\_\_\_\_

G. Have there been any significant changes in the Protected Person's ability to manage finances?  Yes  No  
If yes, describe: \_\_\_\_\_

H. Have there been any significant changes in the Protected Person's financial situation, such as a settlement, inheritance, lottery winnings, reverse mortgage, etc.?  Yes  No  
If yes, describe: \_\_\_\_\_

## SECTION V – Information about the Guardianship.

A. Describe significant decisions you have made for the Protected Person in the last 12 months (e.g., change in healthcare providers, enrollment in hospice, discontinuation of treatment, surgery, etc.): \_\_\_\_\_



- B. How often and in what way(s) are you in contact with the Protected Person? \_\_\_\_\_  
 \_\_\_\_\_
- C. When was the last time you were in contact with the Protected Person? \_\_\_\_\_  
 \_\_\_\_\_
- D. Describe any significant problems or unmet needs of the Protected Person not described elsewhere: \_\_\_\_\_  
 \_\_\_\_\_
- E. Does the Protected Person believe that the guardianship should be changed or terminated?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Have you informed the Protected Person that the Protected Person may contact the court to request changing or terminating the guardianship?  Yes  No  
 If no, why not? \_\_\_\_\_  
 \_\_\_\_\_
- F. Do you believe that the guardianship should be changed or terminated?  
 Yes  No  
**If yes, you have a duty to file a separate written request asking the court to schedule a status conference to review the guardianship.**
- G. How does the Protected Person feel about the guardianship? \_\_\_\_\_  
 \_\_\_\_\_
- H. Is there anything else you would like to tell the court about the guardianship? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION VI – Information about the Guardian.**

*For purposes of this section, “guardian” means an individual or a corporate entity appointed by the court, and includes any individual working for a corporate entity who is responsible for the Protected Person.*

- A. Does the guardian have any significant physical or mental health problems that would interfere with the ability to continue as guardian in the next year?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
- B. Does the guardian charge a fee or receive payment for acting as the Protected Person’s guardian?  Yes  No  
 If yes, how much have has the guardian received since the guardian’s last report (or since the guardian’s appointment if this is the guardian’s first report)? \_\_\_\_\_  
 \_\_\_\_\_  
 How is the guardian’s fee or payment calculated? \_\_\_\_\_  
 \_\_\_\_\_  
 Who pays the guardian’s fee? \_\_\_\_\_

C. Since the guardian's last report (or since the guardian's appointment if this is the guardian's first report), has the guardian,

1. Been arrested for, charged with, or convicted of any felony or misdemeanor?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Been investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Filed for bankruptcy or received protection from creditors?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Had any professional or occupational license revoked or suspended?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Had the guardian's driver's license suspended or revoked?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Delegated any powers over the Protected Person to another person?

Yes  No

If yes, who were power(s) delegated to? \_\_\_\_\_

What power(s) were delegated? \_\_\_\_\_

For what period(s) of time? \_\_\_\_\_

7. Received any special training or certification as a guardian?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

D. Is the guardian a court-appointed guardian or conservator for any other person?

Yes  No

If yes, please list the court and case number(s) for each (*attach additional pages if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIRMATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, am the guardian of \_\_\_\_\_, and I affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

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

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

Is this a change in address from your previous report?     Yes     No

**CERTIFICATE OF SERVICE**

I certify that on (*date*) \_\_\_\_\_ I served a copy to the following individuals:

Protected Person  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service  
 By fax (*number*) \_\_\_\_\_  
 By hand delivery  
 By e-mail

Person(s) designated by court order  
(*name and address*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service  
 By fax (*number*) \_\_\_\_\_  
 By hand delivery  
 By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service  
 By fax (*number*) \_\_\_\_\_  
 By hand delivery  
 By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service  
 By fax (*number*) \_\_\_\_\_  
 By hand delivery  
 By e-mail

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Guardian's Signature

[Approved by Supreme Court Order No. 18-8300-005, effective for all cases on or after July 1, 2018.]