

**IN THE CHANCERY COURT OF THE _____ JUDICIAL DISTRICT
OF HINDS COUNTY, MISSISSIPPI**

IN THE MATTER OF THE
GUARDIANSHIP OF

CAUSE NO. _____

_____, AN ADULT

WELL-BEING REPORT OF AN ADULT

I, _____, Guardian of the above-named minor, do state as follows:

1. The mental, physical, and social condition of the adult: _____

2. The living arrangements of the adult during the reporting period: _____

3. A summary of any technological assistance, medical services, educational and vocational services, and other supports and services provided to the adult and the guardian's opinion as to the adequacy of the adult's care: _____

4. A summary of the guardian's visits with the adult, including the dates of the visits: _____

5. Action taken on behalf of the adult: _____

6. The extent to which the adult has participated in decision-making: _____

7. If the adult is living in a mental health facility or living in a facility that provides the adult with health-care or other personal services, whether the guardian considers the facility's current plan for support, care, treatment, or habilitation consistent with the adult's preferences, values, prior directions, and best interest: _____

8. Any business relation the guardian has with a person the guardian has paid or that has benefitted from the property of the adult: _____

9. A copy of the guardian's most recently approved plan under Section 315 is MEC Doc # _____ and if the guardian has deviated from this plan, explain how the guardian has deviated and why: _____

10. Plans for future care and support of the adult: _____

11. A recommendation as to the need for continued guardianship and any recommended change in the scope of the guardianship, when determined applicable by the court:

12. Whether any co-guardian or successor guardian appointed to serve when a designated event occurs is alive and able to serve: _____

13. Photographs of the adult ward and the adult ward's living conditions, if required by the court at its discretion are attached hereto;

14. Any amounts requested for reimbursement by the guardian of fees related to the administration of the guardianship or legal fees incurred for matters related to the guardianship:

15. I understand that notice of the filing of this guardian's well-being report, together with a copy of this report, must be given to the ward, the ward's spouse, parents, children, and any other person the court determines. The notice and report must be delivered not later than 14 days after filing.

Respectfully Submitted,

FIDUCIARY

SWORN ACKNOWLEDGMENT

STATE OF MISSISSIPPI
COUNTY OF _____

This day personally appeared before me, the undersigned authority at law in and for the jurisdiction aforesaid, the within named _____, who having been by me first duly sworn, states on oath that the matters and facts set forth in the above Well Being Report are true and correct as therein stated.

FIDUCIARY

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:
