

**IN THE SUPERIOR COURT OF GUAM**

IN THE MATTER OF THE GUARDIANSHIP

OF

\_\_\_\_\_ ,

An Adult.

BY

\_\_\_\_\_ ,

Petitioner(s)

Superior Court Case No. SP\_\_\_\_\_

**GUARDIANSHIP ANNUAL  
FINANCIAL ACCOUNTING**

NOTE: If the Social Security Administration or other agency has appointed another party as a representative payee or fiduciary for benefits, please include a copy of the representative payee's or fiduciary's report(s) that are completed on behalf of the ward. Complete this form for the assets that are in your control.

You should also consult Title 15, Division 4 of the Guam Code, available at <http://www.guamcourts.org/CompilerofLaws/GCA/title15.html>.

Use additional pages if necessary.

1) I am the Guardian for:

Name:

Mailing Address:

Residential Address:

Date of Birth:

Phone Number:

2) The following is my contact information:

Name:

Mailing Address:

Residential Address:

Age:

Phone Number:

3. Report for the Period from \_\_\_\_\_ to \_\_\_\_\_

A) Ward's beginning checking account(s) balance: \$ \_\_\_\_\_

**B) Income and Deposits:**

Wages/Salary \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pension/Annuities \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Other, please describe:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Add the Total of all Deposits \$ \_\_\_\_\_

**C) Expenses and Withdrawals:**

Rent/Mortgage/Residence \$ \_\_\_\_\_

Utilities/Phone/etc \$ \_\_\_\_\_

Groceries/Food \$ \_\_\_\_\_

Insurances \$ \_\_\_\_\_

Spending Money \$ \_\_\_\_\_

Personal Needs \$ \_\_\_\_\_

Guardian/Conservator Fees \$ \_\_\_\_\_

Legal/Professional Fees \$ \_\_\_\_\_

Other, please describe:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Subtract the Total of all Expenses/Withdrawal \$ \_\_\_\_\_

D) Ward's ending checking account(s) balance: \$ \_\_\_\_\_

4) Current Asset Listing:

<b>Asset Description</b>	<b>Date Acquired if New</b>	<b>Value or Balance</b>

5) Assets Disposed Of since Last Report: include the name of the person or company that received the asset, and the reasons for the disposal in the comments.

<b>Asset Description and Reason for Disposal</b>	<b>Date of Disposal</b>	<b>Amount Received</b>

6) Mortgage, Loans, Creditors, Other Debts:

<b>Description</b>	<b>Value or Balance</b>	<b>Location</b>

7) Comments on financial well-being and transactions. Include the reason why assets were disposed of, or why new assets were received, and explain new debt. Summarize the financial decision-making assistance you have provided to the ward. (Attach additional pages as needed.)

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I declare under penalty of perjury that the foregoing information is true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date