

**In The Matter of The Interdiction of**

**\_\_ th Judicial District**

\_\_\_\_\_

**for the Parish of \_\_\_\_\_**

**Case Number: \_\_\_\_\_**

**State of Louisiana**

**Annual Report of the Curator**

for the period from \_\_\_\_\_ through \_\_\_\_\_

***CURATOR'S INFORMATION:***

Name of Curator:

Current address of Curator:

Current phone number of Curator:

***INTERDICT'S RESIDENTIAL INFORMATION:***

Where is the interdict living? Please provide the complete address:

Is this:

a private home?            YES    NO

    If YES, who else lives in the home?

a community or group home for people with disabilities?    YES    NO

an assisted living facility?    YES    NO

a nursing home?            YES    NO

Other type of facility?    Type of Facility: \_\_\_\_\_

How long has the interdict lived there?

**INTERDICT'S MEDICAL INFORMATION:**

Has the interdict been hospitalized in the past year?            YES    NO  
    If YES, was there more than one hospitalization?    YES    NO

Where was the interdict hospitalized?

    For how long?

    For what reasons?

Has the interdict seen any doctors or other medical providers in the past year?    YES    NO

    If YES, who were the doctors?

    For what reasons was the interdict seen by them?

What is the general physical condition of the interdict at this time?

What is the general mental/emotional condition of the interdict at this time?

Have there been any significant changes in the interdict's condition since your appointment as curator?            YES            NO

    If YES, please explain:

This past year has the interdict participated in any rehabilitation, educational, social or vocational programs?            YES            NO

    If YES, describe the programs and how often the interdict attended them:

In the past year, have you attended any meetings in regard to the interdict's care? YES NO

If YES, what meetings have you attended?

Was a plan of care written for the interdict this past year? YES NO

If YES, please attach it. \_\_\_\_\_ ATTACHED

\_\_\_\_\_ NOT ATTACHED because:

What types of additional services do you foresee the interdict needing this next year?

Do you believe the interdict still needs a curator to make personal, residential and medical decisions? YES NO

If NO, please explain:

***INTERDICT'S VISITATION INFORMATION:***

Did you visit the interdict at least monthly this past year? YES NO

If NO, please explain:

Did the interdict have any visits from friends or family members this past year? YES NO

If YES, please summarize who visited, how often, and where visits occurred:

**INTERDICT'S FINANCIAL INFORMATION:**

What are the interdict's sources of income and the monthly amounts received?

Are you, as the curator, receiving any income or money from any source on behalf of the interdict *in your own name*?      YES      NO

If YES, please explain:

Does the interdict's income go into a bank account?      YES      NO

If YES, please attach the monthly bank statements for the reporting period.

\_\_\_\_ ATTACHED

\_\_\_\_ NOT ATTACHED because:

What are the interdict's typical monthly expenses and how are they paid?  
Please list amount of rent, average utility bills, etc.:

Did the interdict receive any other income such as a major gift, an inheritance, proceeds from a trust, gambling winnings, etc.?      YES      NO

If YES, please list the amounts and sources:

Were any MAJOR purchases made for the interdict this past year? (for example, furniture, TVs, adaptive equipment, etc.)                      YES                      NO

If YES, please explain:

Do you have receipts for these MAJOR purchases?                      YES                      NO

Did the interdict go on any trips or vacations this past year?                      YES                      NO

If YES, please explain:

Is the interdict's income sufficient to cover the monthly expenses?                      YES                      NO

If NO, please explain:

If you are the interdict's representative payee for any funds from the Social Security Administration or a fiduciary for any funds received from the Veterans Administration, please ATTACH a copy of your most recent annual report to the SSA or VA.

\_\_\_\_\_ ATTACHED

\_\_\_\_\_ NOT ATTACHED because:

In the past year, have you personally been paid any funds for the care of the interdict? YES NO

If YES, how much were you paid and from what source?

Have any of the interdict's assets been transferred *to you* within the past year?                      YES                      NO

If YES, list the asset or property, the date on which it was transferred to you, and the reason it was transferred to you.

Have any of the interdict's assets been transferred to *anyone else* within the past year?

YES NO

If YES, list the asset or property, the date on which it was transferred and to whom it was transferred, and the reason it was transferred.

Of the income received this past year for the interdict, how much money has been saved for future uses or emergencies?

Where is that saved money held?

Does the interdict currently have sufficient clothing, bedding, furniture, and personal care items? YES NO

Can you think of anything that the interdict needs and doesn't have at this time? YES NO

If YES, please explain:

Do you believe the interdict still needs a curator to make financial decisions? YES NO

If NO, please explain:

Is there anything else you think the court should know about the interdict or the interdict's situation? YES NO

If YES, please explain:

***I hereby certify to this court that my statements above are true and correct to the best of my knowledge.***

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

\_\_\_\_\_  
**Signature of Curator**