

IN THE MATTER OF

Amended

\_\_\_\_\_  
Name

**Petition for Annual Review  
of Protective Placement**

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

1. I am a representative of the county department of the ward's county of residence.
2. The ward resides at  
Address: \_\_\_\_\_  
Name of facility and contact person and phone number (if any)  
Facility Name: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_  
Contact Person phone number: \_\_\_\_\_  
  
Guardian(s) name: \_\_\_\_\_  
Guardian(s) Phone number(s): \_\_\_\_\_
3. The county department's annual report of the review of the status of this ward  was filed or  will be filed. A copy of this report was provided to the ward, guardian of the ward and the ward's agent under any activated Power of Attorney for Health Care.
4. This ward has developmental disabilities and is currently protectively placed in an intermediate facility or nursing facility. The plan for providing home or community-based care in a non-institutionalized community setting, intermediate facility or nursing facility which would be the most integrated setting appropriate to the needs of this ward  was filed or  will be filed. A copy of this plan shall be sent to the ward's guardian.

**I REQUEST THE COURT:**

1. Review the status of the protective placement of the ward.
2. Other: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**DISTRIBUTION:**

1. Court
2. Ward
3. Ward's Guardian
4. Corporation Counsel
5. Ward's Legal Counsel
6. Guardian ad litem
7. Ward's Agent under Power of Attorney for Health Care
8. Facility in which the ward resides
9. County Department of Human Services/Case Worker