

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest of:</b> _____ <b>Minor</b> Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	▲ <b>COURT USE ONLY</b> ▲ Case Number: _____ Division                      Courtroom _____
<b>GUARDIAN'S REPORT – MINOR</b>	

**Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_**  
**(MM/DD/YYYY)                      (MM/DD/YYYY)**  
**(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)**

**Instructions to Guardian:**

You have been ordered to complete a Guardian's Report every year on behalf of the minor. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE MINOR CHILD FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION. You must file the necessary forms to make this request and obtain Court permission.

**CONTACT INFORMATION**

**Minor's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(Include Name of Living Center or Nursing Home)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Last 4 digits of Social Security #** \_\_\_\_\_

**Guardian's Information:**

**Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

**NOTE:** Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

**Occupation:** \_\_\_\_\_ **Your Relationship to Minor:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Telephone Numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  No

If Yes, explain: \_\_\_\_\_

**Co-Guardian's Information:** (if applicable)  **Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_

**NOTE:** Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

Occupation: \_\_\_\_\_ Your Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  No

If Yes, explain: \_\_\_\_\_

**I. STATUS INFORMATION**

**Yes No**

**A.** Do you recommend that the guardianship continue?

If **No**, explain: \_\_\_\_\_

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

**B.** Do you recommend any changes to the guardianship?

If **Yes**, explain: \_\_\_\_\_

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

**C.** Do you wish to remain guardian?

If **No**, explain: \_\_\_\_\_

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

**Note: If you wish to terminate this guardianship, or modify by replacing the current guardian or adding a co-guardian, you must file a separate Petition with the Court.**

**D.** The Minor's care and living situation is:  **Very Good**  **Good**  **Adequate**  **Poor**

**E.** Do you believe the current plan for care is in the Minor's best interest?  **Yes**  **No**

If **No**, describe your recommended changes:

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

**F.** Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

Name \_\_\_\_\_

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

**G.** Has the Minor's residence changed since the last report?  **Yes**  **No**

If **Yes**, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

**II. PERSONAL CARE AND OTHER ISSUES**

A. Date of the Minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_

B. Are the Minor's immunizations current?  Yes  No

If **No**, explain: \_\_\_\_\_  
\_\_\_\_\_

C. Is the Minor covered under health/dental insurance?  Yes  No

If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Describe any counseling services provided to the Minor.

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

E. Describe any other services provided to the Minor.

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

F. Describe any medical services provided to the Minor.

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

G. Identify any special needs of the minor during this reporting period.

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

H. Has the Minor's physical and medical condition changed since the last report? If **Yes**, explain:

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I. Identify any significant events involving the Minor since the last report e.g. special awards or recognition.

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J. Has the minor been involved in a juvenile delinquency case and/or any other type of court action?

**Yes**  **No** If **Yes**, in which County? \_\_\_\_\_

K. Does the Minor have any behavioral issues?  **Yes**  **No**

Describe the nature of the behavioral issues and any treatment the Minor is receiving to help with the issues. \_\_\_\_\_

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L. If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his/her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is on track developmentally for his/her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?

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M. Does the Minor have any contact with the parents and/or other family members?  **Yes**  **No**

Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.

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**III. EDUCATION AND EXTRACURRICULAR ACTIVITIES**

A. Is the Minor attending school?: Yes No

If **Yes**, complete the information below: If **No**, please be sure to answer question L on page 4, Part II.

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Minor's grades are: Excellent Average Below Average

If **below average** explain why.

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

B. If the Minor is old enough, does he/she have a job? Yes No Describe.

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

C. Describe the Educational services provided to the minor.

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

D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

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

**IV. FINANCIAL MATTERS**

**Complete this section only if there is no conservatorship and the guardian has custody of funds.**

A. Does the Minor own any property? Yes No

B. Do you have possession or control of the Minor's assets, e.g. property (real estate and personal property items), financial accounts? Yes No

If **Yes**, describe the type of property and approximate value of the property: \_\_\_\_\_

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

C. Do you have control of the Minor's Income?  Yes  No

If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

D. Do you or the Minor receive any financial support from the biological parents and/or other family members?  Yes  No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

E. If applicable, identify the Representative Payee for Social Security and other income benefits.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

F. Have any fees been paid to you in your role as guardian?  Yes  No

If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_

G. Have any fees been paid to others for the care of the Minor or his/her property?  Yes  No

If Yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

**You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.**

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

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## VERIFICATION

I swear/affirm under penalty of perjury, that I have read the foregoing *GUARDIAN'S REPORT – MINOR* and that the statements set forth therein are true and correct to the best of my knowledge. §15-10-310, C.R.S.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Guardian's Signature

\_\_\_\_\_  
Date

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### IMPORTANT

**THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED  
OR THE REPORT MAY BE REJECTED.**

Colorado Law **REQUIRES** that the Guardian's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Guardian, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this Report.

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**NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the court.**

### Certificate of Service

I certify that on \_\_\_\_\_ (date) the original was e-filed/filed with the Court and a copy of this Guardian's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship of party receiving document	Address	Manner of Service**
	Minor, if 12 or older		

\*\*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax or other method allowed under Colorado law.

X  
\_\_\_\_\_  
Signature