

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:

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

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. _____

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?

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.

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	-\$	
Ending balance of bank accounts	\$	

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.

