

STATE OF INDIANA ) IN THE LAWRENCE CIRCUIT COURT  
 )  
COUNTY OF LAWRENCE ) CAUSE NO. 47C01-\_\_\_\_\_

IN THE MATTER OF GUARDIANSHIP OF:

\_\_\_\_\_

**GUARDIAN'S REPORT TO THE COURT**

The undersigned is the duly appointed and serving guardian over the person of the above named Protected Person and states that:

1. Present age of protected person: \_\_\_\_\_  
Date of birth: \_\_\_\_\_
  
2. Current address of protected person:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Protected person's residence is:  
\_\_\_\_\_ own home \_\_\_\_\_ guardian's home  
\_\_\_\_\_ relative's home: \_\_\_\_\_  
\_\_\_\_\_ hospital or medical facility: \_\_\_\_\_  
\_\_\_\_\_ foster or boarding home: \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_
  
4. Protected person has been at present residence since: \_\_\_\_\_ (date)  
If moved within past year, state reasons for move: \_\_\_\_\_  
\_\_\_\_\_
  
5. During the past year, the protected person's mental health has:  
\_\_\_\_\_ remained about the same  
\_\_\_\_\_ improved. Describe: \_\_\_\_\_  
\_\_\_\_\_ deteriorated. Describe: \_\_\_\_\_
  
6. During the past year the protected person's physical health has:

\_\_\_\_\_ remained about the same  
\_\_\_\_\_ improved. Describe: \_\_\_\_\_  
\_\_\_\_\_ deteriorated. Describe: \_\_\_\_\_

7. During the past year the protected person has been treated or evaluated by the following:  
\_\_\_\_\_ Physician - Name: \_\_\_\_\_  
\_\_\_\_\_ Psychiatrist - Name: \_\_\_\_\_  
\_\_\_\_\_ Social or other case worker - Name: \_\_\_\_\_  
\_\_\_\_\_ Dentist - Name: \_\_\_\_\_  
\_\_\_\_\_ Other - Name: \_\_\_\_\_

8. If treated, reason: \_\_\_\_\_

9. Protected person \_\_\_\_\_ IS \_\_\_\_\_ IS NOT under regular physician's care.

10. Social conditions: During the past year the protected person has participated in the following activities:  
\_\_\_\_\_ Recreational: \_\_\_\_\_  
\_\_\_\_\_ Educational: \_\_\_\_\_  
\_\_\_\_\_ Occupational: \_\_\_\_\_  
\_\_\_\_\_ None - Reason: \_\_\_\_\_  
\_\_\_\_\_ Refuses or unable to participate.

11. I rate the protected person living arrangements as:  
\_\_\_\_\_ Excellent  
\_\_\_\_\_ Average/Good  
\_\_\_\_\_ Below average - Reason: \_\_\_\_\_

12. I believe the protected person is:  
\_\_\_\_\_ Content with living situation  
\_\_\_\_\_ Unhappy with living situation. Reason(s) to believe that protected person is unhappy with the situation: \_\_\_\_\_

13. I believe the protected person has the following unmet needs:  
\_\_\_\_\_  
\_\_\_\_\_ Protected person still requires living assistance.  
\_\_\_\_\_ Protected person has condition that requires care.  
\_\_\_\_\_ Condition: \_\_\_\_\_  
\_\_\_\_\_ Protected person is still a minor. If so, protected person will remain a minor until \_\_\_\_\_ (date)

14. Minor's educational information:  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Average Grades: \_\_\_\_\_ (provide transcript)

15. Has any major disciplinary action been required since the last report? \_\_\_\_\_

If yes, location/reason: \_\_\_\_\_

16. I \_\_\_\_ DO \_\_\_\_ DO NOT have possession or control of the protected person's estate. If yes, my accounting is attached.

I/we affirm under the penalties for perjury that the foregoing representations are true.

The Guardian(s) now asks that the Court examine and approve this biennial report.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian (1)

\_\_\_\_\_  
Signature of Guardian (2)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Guardian's Mailing Address

\_\_\_\_\_  
Guardian's Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_