

\_\_\_\_\_  
Full Name of Party Filing Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email Address (if any)

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN THE MATTER OF THE  
GUARDIANSHIP OF

\_\_\_\_\_

a Minor.

DOB: \_\_\_\_\_

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

Guardian's Annual Status Report for a Minor

Fee Category:

Filing Fee: \$\_\_\_\_\_

**Instructions.**

The purpose of this report is to give the court as complete a picture as possible of the status of guardianship for a child. Do NOT complete this form for an adult who has a guardian.

1. Your reports are due as follows:
  - a. The first report, called a status report, is due within 30 days after the anniversary date of the guardian's appointment;
  - b. A status report is due every year thereafter;
  - c. If you resign or are removed;
  - d. When the guardianship is terminated, unless the court determines that there is no need.
2. Please answer all applicable questions thoroughly. If the question is not applicable, write N/A.
3. Do not leave any blanks.
4. Type or write your answers with black ink and make sure they are readable.
5. The guardian filling out this report must sign the report under penalty of perjury and file with the court.
6. The guardian filling out this report must provide copies to the person under guardianship's attorney and any other individuals specified by the court.
7. Keep a copy for your records.
8. If you are a guardian for more than one child, please fill out a separate form for each child.

**Reporting Period.**

**Is this your first annual report?**

Yes                  No

If yes, this report covers the dates beginning on the date you were appointed and ending 12 months after the date you were appointed.

**If this is not your first annual report.**

This report covers the dates beginning \_\_\_\_\_ (ending date of last report) and ending \_\_\_\_\_ (12 months after last report).

**Is this the final report?**

Yes                  No

**SECTION I – Child’s Residence.**

Child’s physical address: \_\_\_\_\_

Child’s telephone number(s): \_\_\_\_\_

Residence: \_\_\_\_\_

Cell: \_\_\_\_\_                                  Email: \_\_\_\_\_

Child’s residence:

Guardian’s home

Foster home

Hospital or medical facility

Residential treatment facility

Relative’s home: \_\_\_\_\_  
(relationship)

Other (please explain) \_\_\_\_\_

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

Has the child's residence changed in the last 12 months?

Yes

No

If yes, why has the residence changed? \_\_\_\_\_

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Is the child's residence expected to change in the next 12 months?

Yes

No

Unknown

If yes or unknown, please explain: \_\_\_\_\_

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Other persons living in the household with the child: \_\_\_\_\_

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**SECTION 2 – Child's Health.**

How old is the child? \_\_\_\_\_

Describe the child's current physical condition:

Poor

Fair

Good

Excellent

If poor or fair, please explain: \_\_\_\_\_

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Describe any changes (improvements or declines) to the child's physical health in the last 12 months: \_\_\_\_\_

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Describe the child's current mental/emotional/behavioral health:

Poor      Fair      Good      Excellent

If poor or fair, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any changes (improvements or declines) to the child's mental/emotional/behavioral health in the last 12 months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any medical and/or emotional health treatment the child received in the last 12 months. This may include well-child checks, sports physicals, counseling, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The child    is    is not under regular physician's care.

Physician's name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**SECTION 3 - Child's Education and Activities.**

What school does the child attend? \_\_\_\_\_

What grade is the child in? \_\_\_\_\_

Who is the child's primary/homeroom teacher? \_\_\_\_\_

Describe how the child is doing in school:

Poor      Fair      Good      Excellent

If poor or fair, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child like school? \_\_\_\_\_

Does the child participate in extracurricular activities? Please list (example: school clubs, sports, music, etc.): \_\_\_\_\_

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

Is the child receiving any additional help at school? (example: counseling, tutoring, special education, IEP, or 504 plan) \_\_\_\_\_

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

**SECTION 4 - Child's Finances.**

Does the child have a conservator appointed by the Court?

Yes                  No

If yes, who? \_\_\_\_\_

Does the child have a representative payee?

Yes                  No

If yes, who? \_\_\_\_\_

Is the child a beneficiary of a trust?

Yes                  No

If yes, who is the trustee? \_\_\_\_\_

Provide a complete description of the child's financial resources, if any, under the control of the guardian. If applicable, attach the most recent representative payee accounting provided to the Social Security Administration, or any other required accounting: \_\_\_\_\_

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

**SECTION 5 – Guardianship Status.**

Is the child having any contact with a parent?

Yes                  No

If yes, describe the type and frequency of contact: \_\_\_\_\_

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

Is the child having any contact with relatives or extended family?

Yes                      No

Describe any significant changes or events in the child's life over the last 12 months: \_\_\_\_\_

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Describe any significant problems or unmet needs of the child over the last 12 months not described elsewhere: \_\_\_\_\_

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Describe any significant problems you, as guardian, had over the last 12 months: \_\_\_\_\_

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Would you like an opportunity to discuss changing or terminating the guardianship?

Yes                      No

If yes, please explain: \_\_\_\_\_

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Would the child like an opportunity to discuss changing or terminating the guardianship?

Yes                      No

If yes, please explain: \_\_\_\_\_

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**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

The undersigned, \_\_\_\_\_, guardian of \_\_\_\_\_, the person under guardianship, submits this accounting as required by Idaho law.

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

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

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

Is this a change in address from your previous report?      Yes      No

**CERTIFICATE OF SERVICE**

I certify that on (date) \_\_\_\_\_ I served a copy of this report to: (name all parties in the case other than yourself)

Child's attorney (name and address):

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

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

Petitioners' attorney (name and address):

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

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

Person(s) designated by court order  
(name and address):

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

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

Others (name and address):

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

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

\_\_\_\_\_  
Typed/Printed Name

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