
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? _____

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

Yes

No

Unknown

If yes or unknown, please explain: _____

Other persons living in the household with the child: _____

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: _____

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

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: _____

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

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

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

Yes

No

If yes, please explain: _____

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

Yes

No

If yes, please explain: _____

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