
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 FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF:

an Incapacitated Person.

an Individual with a Developmental
Disability.

Case No. _____

GUARDIAN'S ANNUAL STATUS REPORT
FOR AN ADULT

(I.C. § 15-5-312)
Fee Category: G4 \$ _____

(I.C. § 66-405)
Fee Category: G4 \$ _____

Instructions.

This form provides the court with information about an incapacitated adult or individual with a developmental disability for whom a guardian has been appointed. This form should NOT be completed for a minor who has a guardian.

A guardian must file this report within 30 days of the anniversary date of the guardian's appointment and annually thereafter or as ordered by the court. Please answer all applicable questions thoroughly. Type or write your answers with black ink and make sure they are readable.

This report must be signed by the guardian under penalty of perjury and filed with the court. Copies must be provided to the person under guardianship's attorney and any other individuals specified by the court. Please make a copy for your records.

SECTION I - Ward's Residence.

Ward's Physical Address: _____

Ward's Telephone Number(s): _____

Residence: _____

Cell: _____

Work: _____

Fax: _____

Email: _____

Name of Facility or Caregiver: _____

If the ward resides in a facility, please provide a contact person's name:

Facility or Caregiver's Physical Address: _____

Facility or Caregiver's Telephone Number(s): _____

Cell: _____

Work: _____

Fax: _____

Email: _____

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

Yes

No

If yes, please explain why the ward's residence changed: _____

Will the ward's residence change in the next 12 months?

Yes

No

Unknown

If yes, please explain why the planned change in residence: _____

COMPLETE PART A OR B

PART A: If the ward lives in a facility, such as a residential assisted living home, an intermediate care facility, a nursing home or other home with more than three non-related residents, answer the following:

Type of facility:

Residential Assisted Living Home

Intermediate Care Facility

Nursing Home

Other (Please Explain) _____

How is the facility paid for? _____

Do you have any concerns on the quality of care received by the ward in the following areas:

- | | | |
|---------------------------|------------------------------|-----------------------------|
| Cleanliness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nutrition/Meals | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Personal Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Privacy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Individualized Care Plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you marked yes to any of the above, please explain: _____

Describe any restrictions placed upon the ward in the facility, such as limiting visitors or phone calls: _____

Who imposed the restrictions and when were they imposed: _____

What are the reasons for the restrictions: _____

Describe why this facility was chosen for the ward: _____

Describe the ward's satisfaction with the placement: _____

Do you believe the ward could live and function more independently in a different type of setting? Yes No

If yes, why? _____

If yes, have you tried to change the ward's residence? Yes No

If yes, was the change a success? If not, why not? _____

SKIP TO SECTION II

PART B: If the ward does not live in a facility covered under A, answer the following:

List other people living in the ward's home and their relationship to the ward: _____

List anyone who moved into the ward's home during the last 12 months: _____

List any resident in the ward's home paid to provide any services for the ward. Please list the services provided, amount paid monthly, and the source of payment:

Name: _____ Relationship to Ward: _____

Types of Services: _____

Monthly Payment: _____ Source of Payment: _____

Does the ward live with a convicted felon?

Yes No Unknown

If yes, please explain: _____

SECTION II - Ward's Health.

Please describe the ward's current physical health:

Poor Fair Good Excellent

If poor, please explain: _____

Please describe the ward's current mental health:

Poor Fair Good Excellent

If poor, please explain: _____

Please describe any changes (improvements or declines) to the ward's physical and/or mental health in the last 12 months: _____

Please describe any medical and/or mental health treatment the ward received in the last 12 months: _____

SECTION III - Ward's Services and Activities.

Is the ward involved in selecting which care and services he/she receives?

Yes No

If no, please explain: _____

Is the ward involved in developing his/her own care or service plan?

Yes No

If not, why not? _____

Comment on the ward's ability and desire to participate in social activities, such as local events, worship services, community groups, etc.: _____

SECTION IV - Ward's Financial Status.

Is the ward employed?

Yes No

If yes, explain whether the ward has control of these wages, and if not, why not: _____

Provide a complete description of the ward's financial resources 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: _____

Name and address of conservator, if any: _____

Describe efforts to allow the ward to make decisions regarding finances and any significant changes in the ward's ability to manage financial resources: _____

SECTION V - Guardianship Status.

Describe significant actions taken by you concerning the ward in the last 12 months: _____

How often are you in contact with the ward? _____

How often are you in contact with the service providers? _____

Describe any significant problems or unmet needs of the ward not described elsewhere: _____

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

Yes

No

If yes, please explain briefly: _____

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 report 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 to: (name all parties in the case other than yourself)

Ward

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Ward's attorney (name and address):

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

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

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Others (name and address):

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

Typed/Printed Name

Guardian's Signature