
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 ESTATE OF:

DOB: _____
a Minor.

Case No.: _____

GUARDIAN'S ANNUAL STATUS REPORT
FOR A MINOR

Fee Category:
Filing Fee: \$ _____

Instructions.

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

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. If you are a guardian for more than one child, please fill out a separate form for each child.

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

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
- Relative's home: _____
(relationship)
- Other _____

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, why the planned change in residence: _____

Other persons living in the household with the child: _____

SECTION II – 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: _____

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

Physician's name: _____

Telephone number: _____

SECTION III - 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 plan) _____

SECTION IV - Child's Finances.

Does the child have a conservator?

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 V – Guardianship Status.

Is the child having any contact with a parent?

Yes No

Is yes, describe the type and frequency of contact? _____

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 or 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 mail

By fax (number) _____

By personal delivery

Overnight delivery/Fed Ex

Petitioners' 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