

STATE OF INDIANA) IN THE MORGAN _____ COURT
)
COUNTY OF MORGAN) CAUSE NO. _____

IN RE: THE 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. The Protected Person is an ☐ adult ☐ minor (check one) and is currently _____ years of age.

2. Provide the Protected Person's current residential address and a brief description of their living situation and activities:

_____.

3. Provide a brief description of the Protected Person's current health and medical condition and indicate any change in that condition since the guardianship was established (improved, deteriorated, or remained the same):

_____.

4. Describe how often you physically see the Protected Person and the date of your last visit.

_____.

5. Does the guardianship over the person of the Protected Person need to remain in effect?
If not, provide a brief description of why not.

6. If you are also Guardian over the Estate of the Protected Person, please describe the Protected Person's assets and attach a copy of your accounting. Please do not include any full social security numbers or account numbers in any attached document (last 4 digits of SSN or account number is permitted).

7. Provide any additional comments not otherwise provided above.

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

Dated: _____

Signature of Guardian

Printed Name

Guardian's Mailing Address:
