

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.

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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).

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7. Provide any additional comments not otherwise provided above.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Guardian's Mailing Address:

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