

In the matter of: _____, minor. D.O.B. _____

1. I, _____, am the guardian of the above-named minor and my annual
Name (type or print)

report is as follows:

2. Present age of the minor: _____

3. Living Arrangement

a. Current address and telephone number of the minor: _____

b. The minor's residence is:
 guardian's home relative's home: _____ other: _____
Relationship

c. The minor has been in the present residence since _____ . If moved within the past year, state
Date
the changes and the reasons for change:

d. I rate the minor's living arrangement as excellent. average. below average.

e. I believe the minor is content with the living situation. unhappy with the living situation.

f. I recommend a more suitable living arrangement for the minor as follows: _____

4. Physical Health

a. The minor's current physical condition is excellent. good. fair. poor.

b. During the past year the minor's physical condition has
 remained about the same.
 improved. _____
Explain
 worsened _____
Explain

c. During the past year the minor received the following medical treatment (include check-ups and optical and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

5. Education

a. The minor regularly attends school at _____
and is in grade _____.

b. The minor attends alternative education at _____
and is in grade _____.

c. The minor does not attend school because _____

d. The minor's absences from school over the past year were as follows: _____

e. The minor's school grades were as follows (list each class and corresponding grade):

Semester / Grade	Semester / Grade

You may submit a copy of the student's grades with this form instead of completing section 5e.

6. Activities of Minor

a. The minor's social activities are: _____

b. The minor participates in the following sports: _____

c. During the past year the minor has been in counseling with _____
at _____

d. During the past year the minor received in-patient services at _____

7. Parenting time between the minor and parents was as follows:

a. Father _____
Father's current address: _____

b. Mother _____
Mother's current address: _____

c. Comments about parenting time: _____

8. Parents complied with the court structured plan limited guardianship placement plan as follows:

Changes should be made to the plan as follows:

9. I believe the minor has the following unmet needs: _____

10. I am am not willing to continue to serve as guardian.
11. I do do not have possession or control of the minor's estate. If yes, my accounting is attached.

Signature of guardian

Address

City, state, zip

Telephone no.