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

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| --- | --- |
| 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 $  |
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**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 ⬜ Yes ⬜ No

Nutrition/Meals ⬜ Yes ⬜ No

Personal Care ⬜ Yes ⬜ No

Privacy ⬜ Yes ⬜ No

Individualized Care Plans ⬜ Yes ⬜ No

Safety ⬜ Yes ⬜ 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⬜ Ward’s attorney (name and address):    ⬜ Person(s) designated by court order (name and address):   ⬜ Others (name and address):    | * By mail
* By fax (number)
* By personal delivery
* Overnight delivery/Fed Ex
* By mail
* By fax (number)
* By personal delivery
* Overnight delivery/Fed Ex
* By mail
* By fax (number)
* By personal delivery
* Overnight delivery/Fed Ex
* By mail
* By fax (number)
* By personal delivery
* Overnight delivery/Fed Ex
 |
|  Typed/Printed Name |  Guardian’s Signature |