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

If 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):        ⬜ Petitioners’ 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 |