

Rule 7.11—Form 5: Guardian’s Final Report for Protected Person

Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Person’s current situation as well as developments that occurred during the reporting period prior to the termination of the guardianship.
- Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

In the Matter of the Guardianship of:

Full name: first, middle, last

Protected Person.

Probate no. _____

Guardian’s Final Report for Protected Person

Iowa Code § 633.669(1)(c)

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Guardian’s information

A. Guardian’s name:

Full name: first, middle, last

B. Guardian is Protected Person’s: *Check one*

Spouse

Adult child

Parent

Adult sibling

Other: _____

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3. Protected Person’s information

A. Protected Person’s age: _____.

B. Protected Person’s highest education level attained:

High school

College or university

Other: _____

C. Does Protected Person have a Living Will?

Yes No

If you checked Yes, complete (1)–(2).

(1) Do you have a copy of Protected Person’s Living Will?

Yes No

(2) Where is the Living Will located?

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

D. Does Protected Person have a Healthcare Power of Attorney?

Yes No

If you checked Yes, complete (1)–(2).

(1) Who is serving as the agent (attorney-in-fact)?

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

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(2) Where is the Healthcare Power of Attorney located?

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

4. Termination of guardianship

The guardianship has been or should be terminated because: *Check one*

- Protected Person is deceased
- A different guardian was appointed
- Other reason:

Check this box if you have attached a sheet with additional information.

5. Protected Person’s residence and interaction with Guardian

Does Protected Person currently live with Guardian? *Check Yes or No below.*

Yes

If you checked Yes, complete the next section.

Describe Guardian’s daily interaction with Protected Person during the reporting period:

Check this box if you have attached a sheet with additional information.

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No

If you checked **No**, complete sections (1)–(4).

(1) Protected Person’s current residence:

_____ *Mailing address*

_____ *City*

_____ *State*

_____ *ZIP code*

(2) Date Protected Person began living at current residence:

_____ *Month*

_____ *Day*

_____ *Year*

(3) What types of contacts did Guardian have with Protected Person during the reporting period and how often? *Check all that apply*

In person

Daily

Weekly

Monthly

Other: _____

Mail, email, or social media

Daily

Weekly

Monthly

Other: _____

Phone

Daily

Weekly

Monthly

Other: _____

Other type of contact: _____

Daily

Weekly

Monthly

Other: _____

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7. Protected Person’s health

A. Protected Person’s physical health

Summarize Protected Person’s medical health status during the reporting period, identifying any medical concerns that occurred:

Check this box if you have attached a sheet with additional information.

B. Protected Person’s dental health

Summarize Protected Person’s dental health status during the reporting period, identifying any dental concerns that occurred:

Check this box if you have attached a sheet with additional information.

C. Protected Person’s mental health

Summarize Protected Person’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

Check this box if you have attached a sheet with additional information.

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D. Other health concerns

Summarize any other health care concerns related to Protected Person that occurred during the reporting period:

Check this box if you have attached a sheet with additional information.

8. Protected Person’s education, training, and other vocational services and employment status

A. Did Protected Person attend school during the reporting period?

Yes No

If you checked **Yes**, complete (1)–(2).

(1) School information:

School name Protected Person attended

School mailing address

City

State

ZIP code

(2) Did Protected Person receive special education or related services during the reporting period?

Yes No

If Yes, describe what services were received:

Check this box if you have attached a sheet with additional information.

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9. Other professional services

Did Protected Person receive any professional services other than those listed above during the reporting period?

Yes No

If Yes, describe the other professional services Protected Persons received during the reporting period:

Check this box if you have attached a sheet with additional information.

10. Protected Person’s social activities

Did Protected Person require assistance with participation in social activities during the reporting period?

Yes No

If Yes, describe how Guardian assisted Protected Person with participation in social activities:

Check this box if you have attached a sheet with additional information.

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11. Protected Person’s contact with family members and other significant persons

A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period?

Yes

If you checked Yes, complete the following sections as appropriate.

(1) Family member’s name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

Check this box if you have attached a sheet with additional information.

(2) Family member’s name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional family members.

Continued on next page

No

If you checked No, complete the next section.

Explain why:

Check this box if you have attached a sheet with additional information.

B. Did Protected Person interact with any other significant persons (e.g., friends, former co-workers, and clergy) during the reporting period?

Yes

If you checked Yes, complete the following sections as appropriate.

(1) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

Check this box if you have attached a sheet with additional information.

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(2) Significant person’s name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional significant persons.

No

*If you checked **NO**, complete the next section.*

Explain why:

Check this box if you have attached a sheet with additional information.

Continued on next page

12. Additional information

Additional information that may be useful for the court to know in determining what is in Protected Person’s best interest:

Check this box if you have attached a sheet with additional information

13. Fees for Guardian

Check one

Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).

Fees are waived.

14. Fees for Guardian’s attorney

Check one

Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).

Fees are not requested.

Fees are waived or not applicable.

15. Attorney Help *Check one*

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Phone number

Fax number

Email address

Additional email address, if applicable

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16. Oath and signature of Guardian

I, _____, have read this Final Report, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Final Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

City State ZIP code

(_____) _____
Phone number

Email address Additional email address, if applicable

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*