

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

2. Protected Person's residence and living arrangements

A. Protected Person's current residence:

Address

City State ZIP code

B. Protected Person's living arrangements:

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

3. Conservatorship

Protected Person *check one*

A. does not have a conservator.

B. has a court-appointed conservator. *If you check B, you must fill in the following information.*

Name and address of the court-appointed conservator:

Full name: first, middle, last

Street address City State ZIP code

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4. Protected Person's expenses

Sources of payment of Protected Person's living expenses and other expenses:

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

5. Protected Person's health

A. Protected Person's physical and mental health status:

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

B. Medical, dental, and other health care services provided to Protected Person:

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

6. Other professional services

A. Protected Person requires professional services other than those listed in **5** above.

Yes No

If you checked Yes, complete B, otherwise proceed to 7.

B. Other professional services provided to Protected Person:

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

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7. Protected Person's education

A. Protected Person's needed education, training, or other vocational assistance.

Yes No

If you checked Yes, complete B, otherwise proceed to 8.

B. Educational, training, and vocational services provided to Protected Person:

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

8. Protected Person's employment

Protected Person's employment is:

Employed fulltime.

Employed parttime.

Unemployed.

Other: _____.

Place of employment: _____.

9. Protected Person's contact with family members and others

Nature and extent of Protected Person's contact with Protected Person's family members and other significant persons:

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

10. Guardian's interaction with Protected Person

Nature and extent of Guardian's visits with, and activities on behalf of, Protected Person:

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

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11. Other information

Other information that may be useful to the court in the opinion of Guardian:

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

12. Fees for Guardian are *check one*

applied for.

waived.

Attach affidavit relative to compensation. (Iowa Code section 633.202.)

13. Fees for Guardian's attorney *check one*

should be set by the court.

are not requested.

are waived or not applicable.

Attach affidavit relative to compensation. (Iowa Code section 633.202.)

14. Oath and Signature

I, _____, have read this final report, and I certify under
Print Guardian's name

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

_____, 20_____
*Month Day Year Guardian's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if applicable

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*