	In the Iowa District Court f	or County					
In	the Matter of the Guardianship of:	Probate no					
		Guardian's Annual Report for Protected Person					
Ful	name: first, middle, last						
Pr	otected Person.						
		Iowa Code § 633.669(1)(
Gι	ardian states as follows:						
1.	This report is for the period from:	//to// n 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 arrangeme	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.						
	A. 📋 does not have a conservator.						
		ator. If you check B , you must fill in the following					
	B. has a court-appointed conserva						
	 B. has a court-appointed conserva information. 						
	 B. has a court-appointed conservation. Name and address of the court 						

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.

7. Protected Person's education

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

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.

11. Continuation of guardianship

A. Guardianship is recommended to be: \Box continued \Box terminated.

If termination is recommended, provide an explanation. A hearing may be required on the matter of termination.

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

B. Ability of Guardian to continue as guardian.

Discuss Guardian's ability to continue as guardian for Protected Person.

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

C. Assistance required.

Identify any assistance Guardian needs for the care and protection of Protected Person.

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

12. 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.

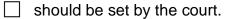
13. Fees for Guardian are *check one*

ap	plie	ed f	or.
~~~	P C		••••

waived.

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

### **14.** Fees for Guardian's attorney *check one*



are not requested.

are waived or not applicable.

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

### 15. Oath and Signature

I, _____, have read this annual report, and I certify under

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		Email ad	ldress	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.