

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Guardianship of:</b>  _____ <i>Full name: first, middle, last</i>  <b>Protected Person.</b>	Probate no. _____  <b>Guardian's Annual Report for Protected Person</b>  <div style="text-align: right;">Iowa Code § 633.669(1)(b)</div>

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:

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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:

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

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

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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:

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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:

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*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:

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*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:

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

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**11. Continuation of guardianship**

A. Guardianship is recommended to be:  continued  terminated.

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

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*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.

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*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.

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*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:

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

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**13. Fees for Guardian are** *check one*

applied for.

waived.

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

**14. 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.)*

**15. Oath and Signature**

I, \_\_\_\_\_, have read this annual 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.*