

In the Iowa District Court for _____ County	
In the Matter of the Guardianship of: _____ <i>Initials of protected minor.</i> Protected Minor.	Probate no. _____ Guardian's Annual Report for Protected Minor <div style="text-align: right;">Iowa Code § 232D.501(1)(b)</div>

Guardian states as follows:

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

2. Minor's residence and living arrangements

A. Minor's current residence:

Address

City _____
State _____
ZIP code

B. Minor's living arrangements:

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

3. Conservatorship

Minor *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. Minor's expenses

Sources of payment of Minor's living expenses and other expenses:

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

5. Minor's health

A. Minor's current health status:

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

B. Health services provided to Minor:

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

6. Minor's mental state

Identify mental, behavioral, or emotional concerns with Minor, if any, and identify professional services provided to Minor for any such concerns.

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

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7. Minor's education

A. Minor's educational status:

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

B. Educational training and vocational services provided to Minor:

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

8. Minor's contact with parents

Nature and extent of parental visits and communication with Minor:

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

9. Guardian's interaction with Minor

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

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

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10. Continuation of guardianship

A. Guardianship is recommended to be: continued terminated.

If termination is recommended, provide an explanation. A court 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 Minor.

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

C. Assistance required.

Identify any assistance Guardian needs in providing or arranging for care of Minor.

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

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.

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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 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.*