

In the Iowa District Court for _____ County

In the Matter of the Guardianship of:

Initials of protected minor.

Protected Minor.

Probate no. _____

**Guardian's Initial Care Plan for
Protected Minor**

Iowa Code § 232D.501(1)(a)

Guardian states as follows:

1. Minor's residence and living arrangements

A. Minor's current residence:

Address

City

State

ZIP code

B. Guardian's plan for Minor's living arrangements:

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

2. 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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3. Minor's expenses

Guardian's plan for payment of Minor's living expenses and other expenses:

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

4. Minor's health

A. Minor's current health status and health care needs:

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

B. Guardian's plan for meeting Minor's medical, dental, and other health care needs:

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

5. Minor's education

A. Minor's educational, training, and vocational needs:

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

B. Guardian's plan for meeting Minor's educational training and vocational needs:

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

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6. Minor's contact with parents

Guardian's plan for facilitating contacts of Minor with Minor's parents:

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

7. Guardian's interaction with Minor

Guardian's plan for contact with, and activities on behalf, of Minor:

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

8. 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.

9. Oath and Signature

I, _____, have read this initial care plan, and I certify
Print Guardian's name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this initial care plan 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.*