

Rule 8.37—Form 6: Guardian's Final Report for Protected Minor

Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information such as Protected Minor's name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Minor's current situation as well as developments that occurred during the reporting period prior to the termination of the guardianship.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of:

Initials of Protected Minor

Protected Minor.

Juvenile no. _____

**Guardian's Final Report for Protected
Minor**

Iowa Code § 232D.501(1)(c)

Guardian states as follows:

1. Reporting period

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

2. Guardian's information

A. Guardian's name:

Full name: first, middle, last

B. Guardian is Minor's: *Check one*

Grandparent

Adult sibling

Other: _____

3. Minor's information

Minor's age: _____.

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(3) Explain why Minor does not live with Guardian:

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

(4) What types of contacts did Guardian have with Minor during the reporting period and how often? *Check all that apply*

In person

Daily

Weekly

Monthly

Other: _____

Mail/email

Daily

Weekly

Monthly

Other: _____

Phone

Daily

Weekly

Monthly

Other: _____

Other type of contact: _____

Daily

Weekly.

Monthly

Other: _____

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B. Minor's dental health

Summarize Minor's dental health status during the reporting period, identifying any dental concerns that occurred:

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

C. Minor's mental health

Summarize Minor's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

D. Other health concerns

Summarize any other health care concerns related to Minor that occurred during the reporting period:

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

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8. Minor's education

A. Minor is: *Check one*

Preschool age.

If you checked the above box, complete the next section.

Did Minor receive services from a preschool educational program (e.g., Early Access, and Head Start) during the reporting period?

Yes No

If Yes, describe the services:

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

School age and enrolled in or attending school.

If you checked the above box, complete the next section.

Minor's school information:

School name where Minor is enrolled or attending

School mailing address

City

State

ZIP code

School age but not enrolled in or attending school.

If you checked the above box, complete the next section.

Explain how Minor's educational needs were met during the reporting period and how Minor's educational needs will be met in the future:

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

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B. Did Minor receive special education or related services during the reporting period?

Yes No

If Yes, describe the services:

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

C. Did Minor receive vocational or training services during the reporting period?

Yes No

If Yes, describe the services:

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

9. Other professional services

Did Minor receive any professional services other than those listed above during the reporting period?

Yes No

If Yes, describe the other professional services Minor received during the reporting period:

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

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10. Minor's contact with parents and other relatives

For purposes of this section, legal parent is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

A. Information regarding Minor's legal parent:

(1) Contact information:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

(2) How often did this parent interact with Minor during the reporting period?

No visits

Daily

Weekly

Monthly

Other: _____

(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in-person and provide a summary of the interactions:

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

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B. Information regarding Minor's other legal parent (if applicable):

(1) Contact information:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____)_____
Phone number

Email address

Additional email address, if applicable

(2) How often did this parent interact with Minor during the reporting period?

No visits

Daily

Weekly

Monthly

Other: _____

(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in-person and provide a summary of the interactions:

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

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C. Did Minor interact with any other relatives during the reporting period?

Yes

If you checked Yes, complete the following sections as appropriate.

(1) Relative's name: _____.

Relationship to Minor: _____.

Describe the interactions, including whether the interactions were in-person and provide a summary of the interactions:

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

(2) Relative's name: _____.

Relationship to Minor: _____.

Describe the interactions, including whether the interactions were in-person and provide a summary of the interactions:

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

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

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No

If you checked NO, complete the next section.

Explain why:

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

11. Additional information

Additional information that may be useful for the court to know in determining what is in Minor's best interest:

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

12. Fees for Guardian

Check one

Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are waived.

13. Fees for Guardian's attorney

Check one

Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are not requested.

Fees are waived or not applicable.

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14. Attorney Help *Check one*

- A. An attorney did not help me prepare or fill in this paper.
- B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Phone number

Fax number

Email address

Additional email address, if applicable

15. Oath and signature of Guardian

I, _____, have read this Final Report, and I certify under
Print your name

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

_____, 20_____
*Month Day Year Signature**

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*