
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE GUARDIANSHIP OF

Case No. _____

Guardian's Annual Status Report for an Adult

An adult.

Fee Category: G4 \$ _____

Instructions.

The purpose of this report is to give the court as complete a picture as possible of the status of guardianship for an adult. Do NOT complete this form for a minor who has a guardian.

1. Your reports are due as follows:
 - a. The first report, called a status report, is due within 30 days after the anniversary date of the guardian's appointment;
 - b. A status report is due every year thereafter;
 - c. If you resign or are removed;
 - d. When the guardianship is terminated unless the court determines that there is no need.
2. Please answer all applicable questions thoroughly. If the question is not applicable, write N/A.
3. Do not leave any blanks.
4. Type or write your answers with black ink and make sure they are readable.
5. The guardian filling out this report must sign the report under penalty of perjury and file with the court.
6. The guardian filling out this report must provide copies to the person under guardianship's attorney and any other individuals specified by the court.
7. Keep a copy for your records.

Reporting Period.

Is this your first annual report?

Yes No

If Yes, this report covers the dates beginning on the date you were appointed and ending 12 months after the date you were appointed.

If this is not your first annual report.

This report covers the dates beginning _____(ending date of last report)
and ending _____(12 months after last report).

Is this the final report?

Yes No

SECTION 1 – Contact Information.

Person under guardianship’s information.

Person under guardianship’s physical address: _____

Person under guardianship’s telephone number(s):

Residence: _____ Cell: _____

Work number: _____ Email: _____

Facility Information or Caregiver information

Name of facility or caregiver: _____

If the person under guardianship resides in a facility, please provide a contact person’s name:

Facility or caregiver’s physical address: _____

Facility or caregiver’s telephone number(s):

Cell: _____ Work number: _____

Fax: _____ Email: _____

SECTION 2: Residential Questions:

Type of residence:

- Residential assisted living home
- Intermediate care facility
- Nursing home
- Home
- Certified family home
- Other (please explain): _____

Do you have any concerns on the quality of care received by the person under guardianship in the following areas:

Cleanliness	Yes	No
Nutrition/Meals	Yes	No
Personal care	Yes	No
Privacy	Yes	No
Individualized care plans	Yes	No
Residential safety	Yes	No
Community safety	Yes	No

If you marked Yes to any of the above, please explain: _____

Describe any restrictions placed upon the person under guardianship, such as limiting visitors or phone calls: _____

Who imposed the restrictions and when? _____

What are the reasons for the restrictions? _____

Describe why this residence was chosen for the person under guardianship: _____

Describe the person under guardianship's satisfaction with where they live: _____

Do you believe the person under guardianship could live and function more independently in a different type of setting? Yes No

Please explain: _____

If Yes, have you tried to change the person under guardianship's residence? Yes No

If Yes, was the change a success? If No, why not? _____

Has the person under guardianship's residence changed in the last 12 months?

Yes No

If yes, please explain why the residence changed: _____

Will the person under guardianship's residence change in the next 12 months?

Yes No Unknown

If Yes or Unknown, please explain: _____

If the person under guardianship lives in a facility, such as a residential assisted living home, an intermediate care facility, a nursing home or other home with more than three non-related residents DO NOT complete the rest of this section; instead move to Section 3.

List other people living in the person under guardianship's home and their relationship to the person under guardianship: _____

List anyone who moved into the person under guardianship's home during the last 12 months: _____

List any resident in the person under guardianship's home paid to provide any services for the person under guardianship. Please list the services provided, amount paid monthly, and the source of payment:

Name: _____

Relationship to person under guardianship: _____

Types of services: _____

Monthly payment: _____

Source of payment: _____

Does the person under guardianship live with a convicted felon?

Yes

No

Unknown

If Yes, please explain: _____

SECTION 3 - Person Under Guardianship's Health.

Please describe the person under guardianship's current physical health:

Poor

Fair

Good

Excellent

If Poor or Fair, please explain: _____

Please describe the person under guardianship's current mental health:

Poor

Fair

Good

Excellent

If Poor or Fair, please explain: _____

Please describe any changes (improvements or declines) to the person under guardianship's physical and/or mental health in the last 12 months: _____

Please describe any medical and/or mental health treatment the person under guardianship received in the last 12 months: _____

SECTION 4 - Person Under Guardianship's Services and Activities.

If the person under guardianship is receiving services of any kind, please list providers: _____

Is the person under guardianship involved in selecting which care and services he/she receives?

Yes No

If No, please explain: _____

Is the person under guardianship involved in developing his/her own care or service plan?

Yes No

If No, why not? _____

Comment on the person under guardianship's ability and desire to participate in social activities, such as local events, worship services, community groups, etc.: _____

SECTION 5 - Person Under Guardianship's Financial Status.

Does the person under guardianship have a job?

Yes No

If Yes, where: _____

If Yes, explain whether the person under guardianship has control of these wages, and if No, why not: _____

Provide a complete description of the person under guardianship's financial resources under the control of the guardian. If applicable, attach the most recent representative payee accounting provided to the Social Security Administration, or any other required accounting: _____

Name and address of conservator, if any: _____

Describe efforts to allow the person under guardianship to make decisions regarding finances and any significant changes in the person under guardianship's ability to manage financial resources: _____

SECTION 6 - Guardianship Status.

Describe significant actions taken by you concerning the person under guardianship in the last 12 months: _____

How often are you in contact with the person under guardianship and describe the contact?

How often have you seen the person under guardianship in person during the reporting period?

How often are you in contact with the service providers? _____

Describe any significant problems or unmet needs of the person under guardianship not described elsewhere: _____

Would you like an opportunity to discuss changing or terminating the guardianship?

Yes No

If Yes, please explain briefly: _____

Would the person under guardianship like an opportunity to discuss changing or terminating the guardianship?

Yes No

If Yes, please explain briefly: _____

Are you a professional guardian providing guardianship services for a fee and have you rendered these services for three or more persons?

Yes No

If Yes, please provide a copy of your most recent certification from the Center for Guardianship Certification.

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

The undersigned, _____, guardian of _____, the person under guardianship, submits this report as required by Idaho law.

Date Submitted: _____

Guardian's Signature

Typed/Printed Name

Street or Post Office Address

City, State and Zip Code

Telephone Number(s)

Fax Number

Email

Is this a change in address from your previous report? Yes No

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

Person under guardianship

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By e-mail: _____
- By mail
- By fax (number): _____
- By personal delivery

Person under guardianship's attorney (name and address):

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By e-mail: _____
- By mail
- By fax (number): _____
- By personal delivery

Person(s) designated by court order (name and address):

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By e-mail: _____
- By mail
- By fax (number): _____
- By personal delivery

Others (name and address):

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

- By e-mail: _____
- By mail
- By fax (number): _____
- By personal delivery

Typed/Printed Name

Guardian's Signature