
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

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

In the Matter of

_____,
DOB: _____
a Minor.

Case No.: _____

INVENTORY and
ACCOUNTING
Fee Category:
Filing Fee:

The undersigned, _____, guardian of the above-named person,
hereby renders the following inventory of the assets and report of the financial affairs of the
ward:

1. Assets.

	AMOUNT
Checking account (bank and account numbers)	
Savings accounts (bank and account numbers)	
Life Insurance (describe cash value)	
Cash	

Miscellaneous assets (describe)	

Total Current Assets: \$ _____

2. Regular anticipated income:

INCOME

Social Security	
Medicare benefits	
Child Support Received	
Part-time Employment	
Miscellaneous	

TOTAL INCOME: \$ _____

3. Regular, on-going expenses:

EXPENSES

Prescriptions

Doctors

Insurance Premiums

Misc. Medical (describe)

Personal Care

Miscellaneous/Other (describe):

4. I have mailed copies of this report to the following persons:

Name

Address

Relationship To Ward

DATE: _____

Signature of Guardian