
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.: _____

GUARDIAN'S ANNUAL STATUS REPORT
and ACCOUNTING
Fee Category:
Filing Fee:

The undersigned, _____, guardian of the above-named person,
hereby renders the following report of the status of the ward and accounting, as required by I.C.
15-5-419:

1. My address is: _____.
2. Present age of the ward: _____.
3. Current address of the ward (including name of facility, if applicable):

4. The Ward's residence is:

- _____ guardian's home
- _____ foster or boarding home
- _____ hospital or medical facility
- _____ relative's home: _____
(relationship)
- _____ other _____

5. Other persons living in the same household with the named ward:

6. The ward has been in the present residence since _____

If moved within the past year, state reasons for the change: _____

7. A general description of the ward's condition is _____

8. During the past year, the ward's mental health has:

_____ remained about the same.

_____ improved. Describe: _____

_____ deteriorated. Describe: _____

9. Describe any significant actions taken by the guardian during last year: _____

10. Describe any significant problems relating to this guardianship: _____

11. Describe educational activities of the ward, if applicable: _____

12. The ward [] is/ [] is not under regular physician's care.

Physician's name: _____

Telephone Number: _____

13. During the past year the ward has been treated or evaluated by the following:

_____ Physician. Name: _____

_____ Psychiatrist. Name: _____

_____ Social or case worker. Name: _____

[] 14. There is a current plan for the ward's care, training, or treatment, briefly outlined:

15. Asset balance forward as of _____, 20__ : \$_____.

ASSET INVENTORY

	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: \$_____. Change: \$_____.

16. Income and Expenses:

INCOME

Social Security	
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Medicare benefits	
Tax refunds	
Part-time Employment	
Miscellaneous	

TOTAL INCOME: \$ _____

EXPENSES

Prescriptions	
Hospital	
Doctors	
Insurance Premiums	
Misc. Medical (describe)	
Taxes: State Federal	
Travel Expenses	

Clothing	
Court Expenses	
Personal Care	
Miscellaneous/Other (describe):	

Total Expenses: \$ _____

Net Income: \$ _____

15. Date of last Report of Status and Accounting filed with the Court. _____

_____.

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

Name

Address

Relationship To Ward

DATE: _____

Signature of Guardian