

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

**IN THE MATTER OF THE
GUARDIANSHIP OF:**

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)
)

Probate No.: _____

____ **INITIAL REPORT**
____ **ANNUAL REPORT**
____ **FINAL REPORT & ORDER**

The undersigned duly appointed and qualified Guardian in the above-entitled matter states to the Court:

1. This report covers the period from _____ 20____ to _____ 20_____.
2. The current mental, physical and social condition of the Ward is: _____

3. The present living arrangement of the Ward, including the address and a description of each residence where the Ward has resided during the reporting period: _____

4. Summary of the medical, educational, vocational and other professional services provided for the Ward: _____

5. Description of the guardian's visits with and activities on behalf of the Ward: _____

6. (On Initial Report only) The Ward's date of birth is? _____
7. The Ward is: Single _____ Married _____ Divorced _____
8. If the Ward is a minor, names and addresses of parents: _____
9. It is recommended the guardianship be: Continued _____ Terminated _____.
If termination is recommended, give reason: _____

10. Other information believed useful to the court: _____

Under penalty or perjury and pursuant to the laws of the State of Iowa, the undersigned certifies that the preceding is true and correct.

Guardian's Signature

Print Name

Address (Street, City, State & Zip Code)

Telephone (home, work, and cell)

Date

Co-Guardian's signature (if applicable)

Print Name

Address (Street, City, State & Zip Code)

Telephone (home, work, and cell)

Date

ORDER

The above (Initial) (Annual) (Final) Report is approved and the Guardianship of said Ward shall be (continued) (terminated) (set for hearing on matter of termination).

Hearing date is: _____, 20____ at _____ o'clock ____ a.m., at
_____.

Dated: _____, 20_____.

Associate Probate Judge
Fifth Judicial District