

STATE OF INDIANA

IN THE MONROE CIRCUIT COURT VII

COUNTY OF MONROE

CAUSE NO. 53C07 _____

IN THE MATTER OF
THE GUARDIANSHIP OF

**BIENNIAL REPORT OF GUARDIAN OF
CONDITION OF PROTECTED PERSON**

I, the undersigned, represent that I am the [co-] guardian[s] of the above named protected person, and that the biennial report to the Court is as follows:

1. Present age of protected person: _____
Date of birth: _____

2. Current address of protected person:

3. Protected person's residence is:
_____ own home _____ guardian's home
_____ relative's home: _____
_____ hospital or medical facility: _____
_____ nursing home: _____
_____ foster or boarding home: _____
_____ other: _____

4. Protected person has been in present residence since _____ (date).
If moved within past year, state reasons for
move: _____

5. During the past year, the protected person's mental health has:
_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

6. During the past year the protected person's physical health has:
_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

7. During the past year the protected person has been treated or evaluated by the following:

_____ Physician. Name: _____
_____ Psychiatrist. Name: _____
_____ Social or other case worker. Name: _____
_____ Dentist. Name: _____
_____ Other. Name/Occupation: _____

8. If treated, reason: _____

9. Protected person _____ IS _____ IS NOT under regular physician's care.
Doctor's name: _____

10. Social conditions: During the past year the protected person has participated in the following activities:

_____ Recreational: _____
_____ Educational: _____
_____ Occupational: _____
_____ None. Reason: _____
_____ Refuses or unable to participate.

11. I rate the protected person's living arrangements as:

_____ Excellent.
_____ Average.
_____ Below average. Reason: _____

12. I believe the protected person is:

_____ Content with living situation.
_____ Unhappy with living situation. Reason(s) to believe that protected person is unhappy with situation: _____

13. I believe the protected person has the following unmet needs: _____

_____ Protected person still requires living assistance:
_____ Protected person has condition that requires care.
_____ Condition: _____
_____ Protected person is still a minor. If so, protected person will remain a minor until _____ (date).

14. Minor's Educational Information:

School: _____ Grade: _____
Average Grades: _____ (Provide transcript)

15. Has any major disciplinary action been required since the last report? _____

If yes, location / reason: _____

16. We _____ DO _____ DO NOT have possession or control of the protected persons' estate. If yes, my accounting is attached.

Guardian (1) Printed Name

Guardian (2) Printed Name

Guardian (1) Signature

Guardian (2) Signature

GUARDIAN'S ADDRESS

GUARDIAN'S ADDRESS

TELEPHONE: _____

TELEPHONE: _____

The Guardian(s) now asks that the Court examine and approve this biennial report.

FILED THIS _____ DAY OF _____

STATE OF INDIANA

IN THE MONROE CIRCUIT COURT VII

COUNTY OF MONROE

CAUSE NO: 53C07 _____

IN THE MATTER OF
THE GUARDIANSHIP OF

GUARDIAN'S INTERIM ACCOUNTING

Comes now, _____, Guardian of the estate of _____ (an incompetent adult), and files his/her interim accounting, which accounting is as follows:

This accounting covers the period from _____ to and including _____

According to the Guardian's (appraisalment and inventory – last interim accounting), the Guardian was accountable for assets of his/her ward's estate having a value of \$ _____

That during the period of this accounting, the Guardian received the following monies and assets on behalf of the ward's estate:

<u>DATE</u>	<u>INCOME OR ASSET</u>	<u>AMOUNT OR VALUE</u>
<i>(Here list all income or assets received by you on behalf of your ward since the original inventory or last accounting.)</i>		

That during the period of this accounting, the Guardian has expended the following sums for the care, support and education of his/her ward:

<u>DATE</u>	<u>RECIPIENT</u>	<u>AMOUNT</u>
<i>(Here itemize each expenditure made by you, by date, during the accounting period. Cancelled checks, or copies of cancelled checks should be filed with the accounting. If the original checks are filed, they will be returned by mail after the Judge has examined and approved the accounting.)</i>		

That by way of recapitulation, the Guardian shows the Court the following:

Value of ward's estate at beginning of accounting: \$ _____

Income or other assets received during accounting: \$ _____
Expenditures during accounting period: \$ _____
Net gain or loss of estate during accounting period: \$ _____
Value of ward's estate at close of accounting: \$ _____

The Guardian now asks that the Court examine and approve this interim accounting.

FILED THIS _____ DAY OF _____, _____

GUARDIAN'S NAME _____

ADDRESS _____

TELEPHONE _____

STATE OF INDIANA

IN THE MONROE CIRCUIT COURT VII

COUNTY OF MONROE

CAUSE NO: 53C07 _____

IN THE MATTER OF
THE GUARDIANSHIP OF

INSTRUCTIONS TO GUARDIAN

Read carefully; date and sign one copy and return it to this Court within ten (10) days. Keep a copy for your reference.

You have been appointed the Guardian of an individual, "Protected Person," who, because of some incapacity, is unable to care for his/her own financial and/or personal affairs. It is important that you understand the significance of this appointment and your responsibility as Guardian.

In order to qualify and have your Letters issued to you, you may be required to post a bond in the amount set by the Court and to take an oath to faithfully discharge your duties as Guardian. The Bond assures the Court that you will properly protect the assets of the Protected Person.

Listed below are some of your duties, but not necessarily all of them. You are directed to ask the Attorney for the Guardianship to fully explain to you each of the items below and to tell you about the other duties you have in your particular circumstances. Though the Attorney will file all papers with the Court, the ultimate responsibility to see that all reports, etc... are accurately and timely prepared and filed, rests with you.

As GUARDIAN of the financial affairs of the Protected Person, you are required to:

1. File with the Court, within ninety (90) days after your appointment, a verified Inventory and appraisal of all of the property belonging to the Protected Person;
2. File with the Court a verified account of all the income and expenditures of the Guardianship every two (2) years after your appointment (accounting form attached);
3. Pay bond premiums as they become due;
4. File a final accounting with the Court upon the termination of the Guardianship, whether due to the death of the Protected Person, or for any other reasons;
5. Keep all of the assets of the Protected Person separate from your own; and DO NOT commingle assets with your own;

6. Open an account, in your name as Guardian, in which all of the cash assets of the Protected Person are deposited. This account must be used for all payments of disbursements on behalf of the Guardianship and the Protected Person. The account should be titled (your name), Guardian for the (name of Protected Person). The Protected Person's social security number should be used in setting up the account.
7. Obtain approval from the Court to use Guardianship assets.
8. Notify the Court of any change in your address immediately.

It is your duty to protect and preserve the Protected Person's property, to account for the use of the property faithfully and to perform all the duties required by law of a Guardian. You may **NOT** make expenditures or investments from the Guardianship funds without Court authorization.

Guardianship funds must never be co-mingled with personal funds. A separate account for all Guardianship assets must be kept in your name as Guardian. Accurate accounts must be kept and accurate reports made. Unauthorized use of Guardianship funds can result in being personally liable for the misuse of those sums.

As **GUARDIAN** of the personal affairs of the Protected Person, you are required to:

1. Make certain that the physical and mental needs of the Protected Person (food, clothing, shelter, medical attention, education, etc.) are properly and adequately provided for;
2. File with the Court a status report as to the physical condition and general welfare of the Protected Person every two (2) years after your appointment.
3. Notify the Court of any change in your address immediately.

It is important to understand that you have the same duties and responsibilities concerning the Protected Person whether or not the Protected Person is your relative.

If any questions arise during the Guardianship, you should consult with your Attorney immediately.

I acknowledge I have read and understand the above instructions and agree to follow them carefully, and further that I have kept a copy for my continued use and review. I understand that failure to follow these instructions could result in my removal as guardian.

THE GUARDIANSHIP OF _____

CAUSE NO. 53C07 _____

BY: _____
(Guardian's name)

DATED: _____

BY: _____
(Guardian's name)

DATED: _____