

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 in 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.

17. Is the guardianship still necessary and appropriate? YES _____ NO _____

18. As guardian, have you considered or implemented any less restrictive alternatives? YES _____ NO _____

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
COUNTY OF MONROE

IN THE MONROE CIRCUIT COURT
CAUSE NO: 53C01 _____

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 (appraisal 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 _____