

If additional space is needed please attach a separate page to this form.



**IN THE 39TH JUDICIAL CIRCUIT, LAWRENCE COUNTY, MISSOURI**

|   |              |
|---|--------------|
| Judge or Division<br>PROBATE                          | Case Number: |
| In the Estate of _____, Incapacitated/Disabled Person |              |

**Guardian and Conservator Annual Status Report and Statement of Affairs –  
Incapacitated/Disabled Person**

I/We \_\_\_\_\_, guardian/co-guardians and conservator/co-conservators of the above named ward submit the following information as required pursuant to the provisions of sections 475.082 and 475.270, RSMo.

1. State the present address of the ward: \_\_\_\_\_  
\_\_\_\_\_
2. State your present address: \_\_\_\_\_  
\_\_\_\_\_  
 Please check here if your address has changed since filing your last report.
3. If ward does not reside with you, during the last year, how many times have you seen the ward? \_\_\_\_\_
4. State the nature and description of your contact with the ward: \_\_\_\_\_  
\_\_\_\_\_
5. What was the date you last saw the ward? \_\_\_\_\_
6. State the nature and description of your visits with the ward: \_\_\_\_\_  
\_\_\_\_\_
7. State any activities the ward has participated in during the past 12 months: \_\_\_\_\_  
\_\_\_\_\_
8. To what extent has the ward participated in decision-making? \_\_\_\_\_  
\_\_\_\_\_
9. Is the ward currently placed in a nursing facility, assisted living facility, individualized supported living or other state institution?  Yes  No  
Name of facility/institution: \_\_\_\_\_  
Person in charge of facility/institution/home: \_\_\_\_\_

If additional space is needed please attach a separate page to this form.

10. If placed in a nursing facility, assisted living facility, individualized supported living or other state institution:

As guardian/co-guardians have you received a copy of the treatment or habilitation plan?  Yes  No

If yes, what is the date of such plan: \_\_\_\_\_

11. Do you agree with the provisions?  Yes  No

If not, explain what you disagree with: \_\_\_\_\_

\_\_\_\_\_

12. When was the ward last seen by a physician or other professional? \_\_\_\_\_

\_\_\_\_\_

13. What was the purpose of the visit? \_\_\_\_\_

14. State the current mental and physical condition of the ward: \_\_\_\_\_

\_\_\_\_\_

15. State any major changes in the condition of the ward: \_\_\_\_\_

\_\_\_\_\_

16. If so, explain, state your observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. In your opinion, should this guardianship/conservatorship be continued?  Yes  No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. If you have been appointed limited guardian or conservator, should your powers be increased?  Yes  No

If so, in what respects and why? \_\_\_\_\_

\_\_\_\_\_

19. If you have been appointed full or limited guardian or conservator should your powers be decreased?  Yes  No

If so, in what respects and why? \_\_\_\_\_

\_\_\_\_\_

20. Pursuant to section 475.082.9 RSMo, provide a summarized plan of care for the ward. An individual support plan or treatment plan for the ward for the coming year may be submitted in lieu of this requirement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If additional space is needed please attach a separate page to this form.

21. During the past 12 months, you **in your capacity as guardian/conservator**, receive any money on behalf of the ward from:

Social Security       Yes      Amount annually? \_\_\_\_\_       No

SSI       Yes      Amount annually? \_\_\_\_\_       No

Vet. Admin. (VA)       Yes      Amount annually? \_\_\_\_\_       No

Other       Yes      Amount annually? \_\_\_\_\_       No

22. If other, state the source: \_\_\_\_\_  
\_\_\_\_\_.

23. Other than the payments listed above, have you or anyone else received any lump sum payments or other property from any source listed above or from any other source?  Yes  No

If so, state the date received, source, amount (or value) and the present location thereof: \_\_\_\_\_  
\_\_\_\_\_

24. Was any money paid to anyone else for the ward's benefit?  Yes  No

If so, state the source of the money and the name and address of the person receiving it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. State the amount of the ward's money you have spent for the ward during the past 12 months and the purposes of the expenditures:

\_\_\_\_\_  
\_\_\_\_\_

26. State the total amount of money you presently have on hand for the ward: \$ \_\_\_\_\_

State the name and address of the depository where you keep an account for the ward's money: \_\_\_\_\_  
\_\_\_\_\_

27. Does the ward have life insurance for burial expenses or a burial plan?  Yes  No

If so, state the name of the company and the amount of the benefit: \_\_\_\_\_  
\_\_\_\_\_

28. State the services being provided to the protected person: \_\_\_\_\_  
\_\_\_\_\_

29. Any other information requested by the court or useful to the court in your opinion? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

**Return to:**

LAWRENCE COUNTY PROBATE DIVISION  
JUSTICE CENTER  
240 NORTH MAIN  
SUITE 110  
MOUNT VERNON, MO 65712

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
Signature of Guardian/Co-Guardians and Conservator/Co-Conservators

\_\_\_\_\_  
Printed Name of Guardian/Co-Guardians and Conservator/Co-Conservators

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Guardian/Co-Guardians and Conservator/Co-Conservators

\_\_\_\_\_  
Printed Name of Guardian/Co-Guardians and Conservator/Co-Conservators

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**FOR COURT USE ONLY**

Reviewed: \_\_\_\_\_  
Date

\_\_\_\_\_  
Judge