

IN THE CIRCUIT COURT OF LAWRENCE COUNTY, MISSOURI
PROBATE DIVISION

MATTER OF: _____
A Minor/Incapacitated Person

ESTATE NO: _____

GUARDIAN'S ANNUAL STATUS REPORT
(Sec. 475.082 RSMo)

Complete and return this report to: Lawrence County Circuit Court, Probate Division, 240 N. Main, Ste. 110, Mt. Vernon, MO 65712

I/We, _____, Guardian/Co-Guardians of the above named ward,
(PRINTED NAME(S))
submit the following information as my/our yearly report pursuant to Section 475.082 RSMo.

1. The present address of the ward is: _____

2. The number of times Guardian/Co-Guardians have had contact with the ward, and the nature of such contacts (whether by phone or in person), including the date the ward was last seen by the Guardian/Co-Guardian:

3. The date the ward was last seen by a physician and the purpose: _____

Has there been any major change(s) in the physical or mental condition of the ward observed by the Guardian/Co-Guardian? ___ yes; or ___ no. If yes, explain: _____

4. If the ward is a minor, provide current academic status: _____

5. My opinion as to the facility where the ward is residing is as follows: ___ Good; or ___ Not good for the following reasons: _____

6. If the ward is institutionalized, whether the Guardian has received a copy of the treatment or habilitation plan and whether the Guardian agrees with its provisions. I ___ agree with its provisions; or ___ disagree with its provisions, as follows: _____

7. I feel that the continuation of the guardianship ___ is; or ___ is not needed, and I feel that the powers granted to me/us as Guardian/Co-Guardians should ___ be increased; or ___ remain the same, for the following reason(s): _____

8. Other comment(s): _____

*Signature of Guardian/Co-Guardian(s)

Address

Phone Number

City State Zip

* If multiple guardians are appointed, this report must be signed by ALL co-guardians, including address and phone number; or each co-guardian may individually complete and submit a report.