

Form 23-1309: Guardian's Report

Before using this form, read through the Guardianship/Conservatorship FAQ's brochure, or Title 23 of the Tribal Code on the Tribal Court website at <https://meskwakicourt.org/tribal-code-%26-court-rules>.

-An initial report must be completed, signed, and filed within 60 days of the Guardian's appointment.

-An annual report must be completed, signed, and filed within 90 days of the annual anniversary of appointment.

Unless the Court otherwise orders that the report should be filed at some other interval.

-A final report must be completed, signed, and filed within 30 days of the termination of Guardianship, unless extended by the Court.

The purpose of the Annual Report is to provide the Court with a complete picture of the Protected Person's current situation as well as developments that occurred during the reporting period.

Provide as much detailed information as possible. Do not include responses such as, "same as last report" or "no change since last report".

If you do not understand how to use this form, or if you are unsure where you should use this form, talk to an attorney.

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

<p>In RE the Guardianship of:</p> <p>_____</p> <p>DOB: _____</p> <p><input type="checkbox"/> Minor Child</p> <p><input type="checkbox"/> Adult</p>	<p>Case No. _____</p> <p>Initial / Annual / Final Report of Guardian</p>
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COMES NOW, _____, the Guardian of the abovementioned Protected Person, and states as follows:

1. Reporting period

The following report submitted to the Court is the:

- ☐ Initial Report
- ☐ Annual Report
- ☐ Final Report

This report is for the period from: _____ / _____ / _____ to _____ / _____ / _____.

Month Day Year Month Day Year

2. Guardian's Information

A. Guardian is Protected Person's:

- ☐ Spouse
- ☐ Adult Child
- ☐ Parent
- ☐ Adult Sibling
- ☐ Other: _____

B. Guardian's Present Address: _____

Mailing Address

City

State

Zip Code

3. Protected Person's Information

C. Protected Person's Meskwaki Name: _____

D. Protected Person's Clan: _____

E. Protected Person's Age: _____

F. Protected Person's Date of Birth: ____ / ____ / ____

G. Protected Person's Residence: _____

Mailing Address

City

State

Zip Code

H. Give a description of the present living arrangements of the Ward, including a description of each residence where the ward has resided during the reporting period.

_____.

I. By typical standards, how would you describe the Ward's present living conditions are:

☐ Above Average

☐ Good

☐ Needs Improvement

J. Guardian's Present Address: _____

Mailing Address

City

State

Zip Code

K. In your opinion, what is the Ward's current mental and physical condition:

- ☐ Above Average
☐ Good
☐ Needs Improvement

L. When **improvement is needed, please briefly describe the problem** and how you plan to seek improvement: _____

_____.

M. Is the Ward is currently receiving services or treatment for a physical or mental condition? If so, please briefly describe the condition and the name and address of the physician: _____

_____.

N. What is the date of the Ward's last physical exam? _____.

O. Is the Ward currently attending school?

- ☐ Yes Name of School and present grade: _____
☐ No Reason for not attending: _____

_____.

P. If applicable, the Ward's progress in school:

- ☐ Above Average
☐ Good
☐ Needs Improvement

Q. When **improvement is needed, please briefly describe the problem** and your plans to seek improvement: _____

_____.

R. Please describe the Ward's income, assets, debts, disbursements, and other relevant financial information for the report period: _____

S. Give a description of the Guardian's visits with the Ward, and participation in activities: _____

T. Please list a summary of attendance at family, clan, or tribal functions or social events for the current reporting period: _____

U. Please give your recommendation as to the need for continued Guardianship and any supporting reasons: _____

4. Additional Information

A. Please provide any additional information that you may believe may be useful to the Court:

CONTINUE TO NEXT PAGE

VERIFICATION

Guardian, by signing below declares under penalty and perjury and verifies that he or she has read this Guardian's Report and believes that the statements herein are true and accurate to the best of his or her knowledge and belief.

****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signed before me on ____ day of _____, 20____.

☐ *Signature of Notary Public, State of* _____

☐ *Tribal Court Staff Title:* _____