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

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

IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Probate Division

Case Number: _____

In the Estate of _____, Incapacitated/Disable 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? _____

    _____

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

20. Pursuant to section 475.082.2(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.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

Social Security	☐	Amount annually? _____	☐	No
SSI	☐	Amount annually? _____	☐	No
Vet. Admin (VA)	☐	Amount annually? _____	☐	No
Other	☐	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:

_____

_____

_____

_____

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

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?

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

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.

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

Return to:

_____

_____

_____

FOR COURT USE ONLY

Reviewed: _____ _____
Date Judge