

## INSTRUCTIONS FOR FILING ANNUAL STATUS REPORTS

1. Your **Annual Report of Status of Ward** as a guardian is due each year on the anniversary date of your appointment. This report is required by **Idaho Code Section 15-5-419**.
2. Your report should be as complete and accurate as possible. Include a comprehensive description of your ward's status. Failure to make a correct and timely report would be sufficient grounds for your removal as guardian. Your report should be filed with the **Clerk of the Court** (see address below) and a copy sent to any other parties who are specified in your order.
3. Please read over your report carefully and make sure you complete all questions. If possible, please type your report, otherwise PLEASE USE BLACK INK.
4. For additional information, consult your attorney and check the Idaho Code for the Guardians of Persons and Guardians of Incapacitated Persons at I.C. Sec. 15-5-201 et seq.
5. If you would like a conformed copy of your report for your records, please send a copy along with the original report and a self addressed stamped envelope.
6. IMMEDIATELY notify the court in writing if you relocate and change address and/or phone number so that the court has the most current contact information for you and your ward.
7. Please make copies of this blank form for completion and submission to the court on a yearly basis.
8. **There is a \$25.00 court-filing fee required to submit the Annual Status Report of Ward. Make check or money orders payable to the Clerk of the Court and mail with completed report to the Clerk of the Court, Ada County Courthouse, 200 W. Front Street, Boise, ID 83702.**



6. The ward has been in the present residence since \_\_\_\_\_.  
If moved within the past year, state reasons for the change:
7. Provide a description of the ward's condition (please give specifics):
8. During the past year, the ward's physical health has:  
 remained about the same.  
 improved. Describe:  
  
 deteriorated. Describe:
9. During the past year, the ward's mental health has:  
 remained about the same.  
 improved. Describe:  
  
 deteriorated. Describe:
10. Describe any significant actions taken by the guardian during last year:
11. Describe any significant problems relating to this guardianship:
12. Describe educational activities of the ward, if applicable:
13. The ward  is or  is not under regular physician's care.  
Physician's name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

14. During the past year the ward has been treated or evaluated by the following:  
 Physician. Name: \_\_\_\_\_  
 Psychiatrist. Name: \_\_\_\_\_  
 Social or case worker. Name: \_\_\_\_\_
15. There (  is) or (  is not) a current plan for the ward's care, training, or treatment.
16. I (  do) or (  do not) have possession or control of the ward's assets. **If yes, my financial accounting is filed herewith.**
17. Date of last Report of Status of Ward filed with the Court. \_\_\_\_\_.
18. I have mailed copies of this report to the following persons:

Name	Address	Relationship To Ward

DATED: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

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