Rule 7.11—Form 4: Guardian's Annual Report for Protected Person

Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the close of the reporting period.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Annual Report is to provide the court with a complete picture of 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 whether you should use this form, talk to an attorney.

	In the Iowa District Court fo	or County			
In the Matter of the Guardianship of:		Probate no			
Ful	l name: first, middle, last	Guardian's Annual Report for Protected Person			
Protected Person.		Protected Person			
		Iowa Code § 633.669(1)(b)			
Gı	uardian states as follows:				
1.	Reporting period				
	This report is for the period from:	_//to// Day Year Month Day Year			
2.	Guardian's information				
	A. Guardian's name:				
	Full name: first, middle, last	-			
	B. Guardian is Protected Person's: Check	one			
	□ Spouse				
	Adult child				
	□ Parent				
	□ Adult sibling				
	☐ Other:				

3. Protected Person's information

- A. Protected Person's age: ______.
- B. Protected Person's highest education level attained:
 - ☐ High school
 - College or university
 - Other: _____
- C. Does Protected Person have a Living Will?

🗌 Yes	🗌 No
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If you checked Yes, complete (1)–(2)	If you c	hecked	Yes,	complete	(1))_(2)	•
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(1) Do you have a copy of Protected Person's Living Will?

🗌 Yes	🗌 No
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(2) Where is the Living Will located?

Mailing address		
City	State	ZIP code
() Phone number		
Email address	A 1 1 1	email address, if applicable

If you checked Yes, c	complete (1)–(2).
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(1) Who is serving as the agent (attorney-in-fact)?

Full name: first, middle, last		
Mailing address		
City	State	ZIP code
() Phone number		
Email address	Additional	email address, if applicable

Continued on next page

		(2)	Wher	e is the H	ealthca	re Pow	ver of A	ttorney	locate	d?			
			Full na	ume: first, mie	ddle, last	/ busines:	s name						
			Mailing	g address									
			City					State			ZIP co	ode	
			(Phone) number									
			Email a					Ad	lditional e	email ad	dress, if	applicable	2
4.				o f guardia p is recon	-	ed to be	e: Check	one					
			ntinuec	•									
		🗌 Ter	minate	ed									
	If you checked Terminated , provide an explanation. A court hear of termination.								urt hearin	ng may b	e require	ed on the 1	matter
			Check th	tis box if you	have atta	iched a sh	neet with	additiona	ıl informa	ition.			
	Β.	Ability	of Gu	ardian to	continu	e as gu	uardian	Check of	one				
		🗌 Gua	ardian	is able an	d willin	g to co	ntinue	as Gua	ardian.				
		🗌 Gua	ardian	is unable	or unw	illing to	contin	ue as (Guardia	an. Exp	olain w	vhy:	
			Check th	is box if you	have atta	iched a sh	neet with	additiona	ıl informa	tion.			

C. Assistance requested:

Identify any assistance Guardian needs in providing or arranging for care of Protected Person.

Check this box if you have attached a sheet with additional information.

5. Protected Person's residence and interaction with Guardian

A. Does Protected Person currently live with Guardian? Check Yes or No below.

🗌 Yes

If you checked **Yes***, complete the next section.*

Describe Guardian's daily interaction with Protected Person during the reporting period:

Check this box if you have attached a sheet with additional information.

🗌 No

If you checked No, complete sections (1)–(4).

(1) Protected Person's current residence:

Mailing address

City

State ZIP code

(2) Date Protected Person began living at current residence:

Month

	_,20
Day	Year

(3)	What types of contacts did Guardia	n have with	Protected	Person	during
	the reporting period and how often?	Check all that	t apply		

🗌 In person
Daily
Weekly
Monthly
Other:
Mail, email, or social media
Daily
Monthly
Other:
Phone
Daily
Monthly
Other:
Other type of contact:
Daily
Monthly
Other:
(4) Summarize the types of activities with or on behalf of Protected Person that Guardian performed during the reporting period:

Check this box if you have attached a sheet with additional information.

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- B. Does Protected Person's current living situation best meet Protected Person's future needs?
 - □ Yes □ No

If No, describe Guardian's plan for meeting those needs:

Check this box if you have attached a sheet with additional information.

6. Protected Person's expenses

A. Estimate of Protected Person's expenses for the next reporting period:

Type of expense	Amount estimated Check one
(1) House payment or rent	\$
(2) Food At home and restaurants	\$
(3) Transportation (gas, bus fare) Not car loan payments – see (14).	\$
(4) Clothing	\$
(5) Medical, dental Not health insurance payments – see (10).	\$
(6) Utilities (gas, electric, water)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$

(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense <i>Identify:</i>	\$
(17) Other expense <i>Identify:</i>	\$
(18) Other expense <i>Identify:</i>	\$
(19) Other expense <i>Identify:</i>	\$
 (20) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information regarding expenses. 	\$
Total expenses	\$

- B. Who will pay Protected Person's expenses? Check all that apply
 - 🗌 Guardian
 - Spouse 🗌
 - □ Adult sibling or siblings
 - □ One or both of Protected Person's natural parents
 - □ A court-appointed conservator
 - □ Other: _____

C. Information regarding payer of Protected Person's expenses:

Fu	ll name: first, middle, last		
Ма	iling address		
Cit (Ph	y) one number	State	ZIP code
En	nail address	Additional email ad	dress, if applicable
G	Guardian is responsible for payin uardian's plan for payment of Pr penses during the next reporting	otected Person's living	
	Check this box if you have attached a shee	et with additional information	n.
rote	cted Person's health		
. Pr	otected Person's physical health	า	
(1) Summarize Protected Person's period, identifying any medical		• • •
	Check this box if you have attached a	sheet with additional inform	ation.
(2) Guardian's plan for meeting Pr	otected Person's futu	re medical care needs:
	Check this box if you have attached a	sheet with additional inform	ation.
	Continu	ed on next page	

7.

B. Protected Person's dental health

	Check this box if you have attached a sheet with additional information.
(2)	Guardian's plan for meeting Protected Person's future dental health care needs:
	Check this box if you have attached a sheet with additional information.
Pro	\Box Check this box if you have attached a sheet with additional information. Directed Person's mental health
	otected Person's mental health Summarize Protected Person's mental health status during the reporting
	otected Person's mental health Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concern
	otected Person's mental health Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concern
(1)	Detected Person's mental health Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concern that occurred:
(1)	otected Person's mental health Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concern that occurred:
(1)	Detected Person's mental health Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concern that occurred:

D. Other health concerns

		(1)	Summarize any other health care concerns related to Protected Person that occurred during the reporting period:
			occurred during the reporting period.
			Check this box if you have attached a sheet with additional information.
		(2)	Guardian's plan for meeting other health care concerns identified:
			Check this box if you have attached a sheet with additional information.
8.			cted Person's education, training, and other vocational services and syment status
	A.	Did	Protected Person attend school during the reporting period?
			Yes 🗌 No
		If yo	ou checked Yes, complete (1)–(2).
		(1)	School information:
			School name Protected Person attended
			School mailing address
			City State ZIP code
		(2)	Did Protected Person receive special education or related services during the reporting period?
			If Yes, describe what services were received:
			Check this box if you have attached a sheet with additional information.
			Continued on next page

B. Was Protected Person employed during the reporting period?

□Yes □No		-
If you checked Yes , complete (1) –	-(3).	
(1) Protected Person was e	employed:	
Full-time		
Part-time		
Other:		
(2) Employer's information:		
Employer's name		
Employer's mailing address		
City	State	ZIP code
Supervisor's name		
() Supervisor's phone number (3) Describe Protected Pers	_	email address
	_	email address
(3) Describe Protected Pers	_	
(3) Describe Protected Pers	son's employee duties: attached a sheet with additional infor ive educational, training, or	rmation.
 (3) Describe Protected Pers Check this box if you have at Check Person received 	son's employee duties: attached a sheet with additional infor ive educational, training, or	rmation.
 (3) Describe Protected Pers Check this box if you have at assistance during the report 	son's employee duties: attached a sheet with additional infor tive educational, training, or rting period?	rmation.
 (3) Describe Protected Pers Check this box if you have an assistance during the repor Yes □ No 	son's employee duties: attached a sheet with additional infor two educational, training, or rting period? -(2). al, training, and vocational a	rmation. other vocational
 (3) Describe Protected Pers (3) Describe Protected Pers (4) Check this box if you have at the constraint of the constraint of the person received assistance during the report of the person of the per	son's employee duties: attached a sheet with additional infor two educational, training, or rting period? -(2). al, training, and vocational a	rmation. other vocational
 (3) Describe Protected Pers (3) Describe Protected Pers (4) Check this box if you have at the constraint of the constraint of the person received assistance during the report of the person of the per	son's employee duties: attached a sheet with additional infor two educational, training, or rting period? -(2). al, training, and vocational a	rmation. other vocational

		(2) Guardian's plan for meeting Protected Person's future educational, training, and vocational needs, if any:
		Check this box if you have attached a sheet with additional information.
9.	Ot	her professional services
	A.	Did Protected Person receive any professional services other than those listed above during the reporting period?
		If Yes, describe the other professional services Protected Person received during the reporting period:
		Check this box if you have attached a sheet with additional information.
	В.	Does Guardian plan to provide Protected Person with any professional services other than those listed above during the next reporting period?
		If Yes, describe the other professional services Guardians plan to provide Protected Person during the next reporting period:
		Check this box if you have attached a sheet with additional information.

10. Protected Person's social activities

A. Did Protected Person require assistance with participation in social activities during the reporting period?

□ Yes □ No

If Yes, describe how Guardian assisted Protected Person with participation in social activities:

Check this box if you have attached a sheet with additional information.

B. Does Guardian plan to provide Protected Person with any assistance with participation in social activities during the next reporting period?

□ Yes □ No

If Yes, describe Guardian's plan for assisting Protected Person's participation in social activities during the next reporting period:

Check this box if you have attached a sheet with additional information.

11. Protected Person's contact with family members and other significant persons

A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period?

□ Yes

If you checked **Yes***, complete the following sections as appropriate.*

Family member's name:
Relationship to Protected Person:
Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
Check this box if you have attached a sheet with additional information.
Will arrangements be made for regular contacts between Protected Person and this family member during the next reporting period?
If Yes, describe the arrangements. If No, explain why.

Check this box if you have attached a sheet with additional information.

(2) Family member's name:
Relationship to Protected Person:
Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:
Check this box if you have attached a sheet with additional information.
Will arrangements be made for regular contacts between Protected Person and this relative during the next reporting period?
□Yes □No
If Yes, describe the arrangements. If No, explain why.
Check this box if you have attached a sheet with additional information.
Check this box if you have attached a sheet with additional family members.

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\Box N	0
IJ	f you checked NO , complete the next section.
E	Explain why:
-	
_	
_	
- [Check this box if you have attached a sheet with additional information.
3. Did	Protected Person interact with any other significant persons (e.g., friends,
	er co-workers, and clergy) during the reporting period?
	er co-workers, and clergy) during the reporting period?
form	er co-workers, and clergy) during the reporting period?
form	er co-workers, and clergy) during the reporting period?
form	er co-workers, and clergy) during the reporting period? es
form	er co-workers, and clergy) during the reporting period? es fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:
form	 ber co-workers, and clergy) during the reporting period? bes bes bes fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:
form	 ber co-workers, and clergy) during the reporting period? bes bes bes fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:
form	 ber co-workers, and clergy) during the reporting period? bes bes bes fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:
form	 ber co-workers, and clergy) during the reporting period? bes bes bes fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:
form	 ber co-workers, and clergy) during the reporting period? bes bes bes fyou checked Yes, complete the following sections as appropriate. 1) Significant person's name:

Will arrangements be made for regular contacts between Protected	d
Person and this significant person during the next reporting period	?

□ Yes □ No

If Yes, describe the arrangements. If No, explain why.

Check this box if you have attached a sheet with additional information.

(2) Significant person's name: ______.

Relationship to Protected Person: _____

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

Check this box if you have attached a sheet with additional information.

Will arrangements be made for regular contacts between Protected Person and this significant person during the next reporting period?

□ Yes □ No

If Yes, describe the arrangements. If No, explain why.

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional significant persons.

Continued on next page

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] No
	If you checked NO, complete the next section.
	Explain why:
	Check this box if you have attached a sheet with additional information.
2. Add	itional information
	tional information that may be useful for the court to know in determining what is otected Person's best interest:
in Pr	
in Pr	eck this box if you have attached a sheet with additional information.
in Pr □ Ch 3. Fees Check	eck this box if you have attached a sheet with additional information.
in Pr 	eck this box if you have attached a sheet with additional information. S for Guardian C one
in Pr 	eck this box if you have attached a sheet with additional information. s for Guardian cone ees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202). ees are waived. s for Guardian's attorney
in Pr 	eck this box if you have attached a sheet with additional information. s for Guardian cone ees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202). ees are waived. s for Guardian's attorney
in Pr 	eck this box if you have attached a sheet with additional information. cone cone

15. Attorney Help Check one

- A. \Box An attorney did not help me prepare or fill in this paper.
- B. An attorney helped me prepare or fill in this paper.

If you check **B***, you must fill in the following information:*

Name of attorney or organization, if any						
Business address of attorney or	organization					
City	State	ZIP code				
() Phone number	Fax number	Fax number				
Email address	Additional email address, if applicable					

16. Oath and signature of Guardian

I, _____, have read this Annual Report, and I certify under Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Annual Report is true and correct.

Month	Day	, 20 <u></u> Year	Signature*		
Mailing address					
City				State	ZIP code
() Phone number					
Email address				Additional email address, if applicable	

*Handwrite your signature on this form. Scan the form after signing it and file it electronically.