

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 for _____ County

In the Matter of the Guardianship of:

Full name: first, middle, last

Protected Person.

Probate no. _____

**Guardian’s Annual Report for
Protected Person**

Iowa Code § 633.669(1)(b)

Guardian states as follows:

1. Reporting period

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

Continued on next page

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

If you checked Yes, complete (1)–(2).

(1) Do you have a copy of Protected Person’s Living Will?

Yes No

(2) Where is the Living Will located?

Full name: first, middle, last / business name

Mailing address

City *State* *ZIP code*

(_____) _____
Phone number

Email address *Additional email address, if applicable*

D. Does Protected Person have a Healthcare Power of Attorney?

Yes No

If you checked Yes, complete (1)–(2).

(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) Where is the Healthcare Power of Attorney located?

Full name: first, middle, last / business name

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

4. Continuation of guardianship

A. Guardianship is recommended to be: *Check one*

Continued

Terminated

If you checked Terminated, provide an explanation. A court hearing may be required on the matter of termination.

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

B. Ability of Guardian to continue as guardian: *Check one*

Guardian is able and willing to continue as Guardian.

Guardian is unable or unwilling to continue as Guardian. Explain why:

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

Continued on next page

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

- In person
 - Daily
 - Weekly
 - Monthly
 - Other: _____

- Mail, email, or social media
 - Daily
 - Weekly
 - Monthly
 - Other: _____

- Phone
 - Daily
 - Weekly
 - Monthly
 - Other: _____

- Other type of contact: _____
 - Daily
 - Weekly
 - 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.

Continued on next page

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 <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home and restaurants</i>	\$
(3) Transportation (<i>gas, bus fare</i>) <i>Not car loan payments – see (14).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>	\$
(6) Utilities (<i>gas, electric, water</i>)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$

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(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 <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
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: _____

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

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

D. If Guardian is responsible for paying Protected Person’s expenses, describe Guardian’s plan for payment of Protected Person’s living expenses and other expenses during the next reporting period:

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

7. Protected Person’s health

A. Protected Person’s physical health

(1) Summarize Protected Person’s medical health status during the reporting period, identifying any medical concerns that occurred:

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

(2) Guardian’s plan for meeting Protected Person’s future medical care needs:

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

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B. Protected Person’s dental health

- (1) Summarize Protected Person’s dental health status during the reporting period, identifying any dental concerns that occurred:

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.

C. Protected Person’s mental health

- (1) Summarize Protected Person’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

- (2) Guardian’s plan for meeting Protected Person’s future mental, cognitive, behavioral, or emotional needs:

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

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(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. Other professional services

A. Did Protected Person receive any professional services other than those listed above during the reporting period?

Yes No

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.

B. Does Guardian plan to provide Protected Person with any professional services other than those listed above during the next reporting period?

Yes No

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.

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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.

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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.

(1) 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?

Yes No

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

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

Continued on next page

(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.

Continued on next page

No

If you checked No, complete the next section.

Explain why:

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

B. Did Protected Person interact with any other significant persons (e.g., friends, former co-workers, and clergy) during the reporting period?

Yes

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

(1) 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.

Continued on next page

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.

(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

No

If you checked NO, complete the next section.

Explain why:

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

12. Additional information

Additional information that may be useful for the court to know in determining what is in Protected Person’s best interest:

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

13. Fees for Guardian

Check one

Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are waived.

14. Fees for Guardian’s attorney

Check one

Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are not requested.

Fees are waived or not applicable.

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15. Attorney Help *Check one*

- A. 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

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.

_____, 20_____
*Month Day 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.*