### Rule 7.11—Form 5: Guardian's Final Report for Protected Person

#### **Instructions:**

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Final 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 prior to the termination of the guardianship.
- 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		In the Iowa District Court f	orCounty		
In the Matter of the Guardianship of:  Full name: first, middle, last  Protected Person.		Matter of the Guardianship of:	Probate no.  Guardian's Final Report for Protected Person		
		ne: first, middle, last			
		cted Person.	i cison		
				Iowa Code § 633.669(1)(c)	
Gι	uard	lian states as follows:			
1.	Re	eporting period			
	Th	is report is for the period from:	/		
2.	Gι	uardian's information			
	A.	Guardian's name:			
		Full name: first, middle, last			
	В.	Guardian is Protected Person's: Chec	k 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 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 Mailing address City ZIP code StateEmail 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 Email address Additional email address, if applicable

### (2) Where is the Healthcare Power of Attorney located?

		Full name: first, middle, i	ast					
		Mailing address						
		City		State	ZIP code			
		() Phone number						
		Email address		Additiona	al email address, if applicable			
١.	Termin	ation of guardianshi	)					
	The gua	ardianship has been o	should be termin	ated becau	ISE: Check one			
	☐ Prote	ected Person is deceas	sed					
	☐ A diff	ferent guardian was ap	pointed					
	☐ Othe	r reason:						
	$\Box CI$	heck this box if you have attac	hed a sheet with additio	onal informatio	on.			
<b>.</b>	Protect	ted Person's residen	ce and interactio	n with Gua	ardian			
	Does P	rotected Person curre	ntly live with Guar	dian? Check	Yes or No below.			
	□Yes							
	If you	ı checked <b>Yes</b> , complete the	next section.					
		Describe Guardian's daily interaction with Protected Person during the reporting period:						
		heck this box if you have attac	hed a sheet with addition	onal informatio	าท			

Mailing address					_
City			State	ZIP code	
(2) Date Protect	ted Person be	gan living	at current re	esidence:	
Month	Day,	20 <u> </u>			
		d Guardian		Protected Perso	n durii
☐ In person					
☐ Daily					
☐ Weekl	у				
☐ Month	ly				
☐ Other:					_
☐ Mail, ema	il, or social m	edia			
☐ Daily					
☐ Weekl	y				
☐ Month	ly				
☐ Other:					_
□ Phone					
□ Daily					
☐ Weekl	у				
☐ Month	ly				
☐ Other:					
☐ Other type	e of contact: _				
☐ Daily					
☐ Weekl	у				
☐ Month	ly				

Rule 7.11—Form 5: Guardian's Final Report for Protected Person, continued

### 7. Protected Person's health

A.	Protected Person's physical health
	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.
B.	Protected Person's dental health
	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.
C.	Protected Person's mental health
	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.

	D.	Other health concerns						
		Summarize any other health care concerns related to Protected Person that occurred during the reporting period:						
		Check this box if you have attached	a sheet with additional information.					
8.		otected Person's education, nployment status	training, and other vocatio	nal services and				
	A.	Did Protected Person attend school during the reporting period?						
		☐ Yes ☐ No						
		If you checked Yes, complete (1)–(2)	).					
		(1) School information:						
		School name Protected Person atte	l name Protected Person attended					
		School mailing address						
		City	State	ZIP code				
		(2) Did Protected Person rece reporting period?	eive special education or relat	ted services during the				
		☐ Yes ☐ No						
		If Yes, describe what services were received:						
		Check this box if you have attac	ched a sheet with additional informatio	on.				
		<u> </u>						

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

received during the reporting period:

# 9. Other professional services 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 Persons received during the reporting period: Check this box if you have attached a sheet with additional information. 10. Protected Person's social activities Did Protected Person require assistance with participation in social activities during the reporting period? □No ☐ Yes If Yes, describe how Guardian assisted Protected Person with participation in social activities:

Continued on next page

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

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

۹.	Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period?					
	□Yes					
	If yo	ou 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.				
	(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.				
		Check this box if you have attached a sheet with additional family members.				

	□No	
	Ify	you checked No, complete the next section.
	Ex	xplain why:
		Check this box if you have attached a sheet with additional information.
B.		rotected Person interact with any other significant persons (e.g., friends, er co-workers, and clergy) during the reporting period?
	□Ye	S
	Ify	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.
		Check his box if you have anached a sheet with additional information.

## 12. Additional information

Additional information that may be in Protected Person's best interes		know in determining what is
Check this box if you have attached a shee	et with additional information	1
13. Fees for Guardian  Check one	·	
☐ Fees are applied for. Attach affida	vit 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 section 633.202).	. Attach affidavit relative to	compensation (Iowa Code
☐ Fees are not requested.		
☐ Fees are waived or not applicat	ole.	
15. Attorney Help Check one		
A.   An attorney did not help me	e prepare or fill in this p	paper.
B.   An attorney helped me prepared in the pre	pare or fill in this pape	r.
If you check B, you must fill in the f	Collowing information:	
Name of attorney or organization, if	fany	
Business address of attorney or orga	anization	
City	State	ZIP code
() Phone number	Fax number	
Email address	Additional ema	il address, if applicable

### 16. Oath and signature of Guardian

l, Print your nam	ne		, have re	ad this Final	Report,	and I certify under
penalty of pe have provide					of Iowa	that the information I
		, 20				
Month	Day	Year	Signature*			
Mailing address						
City				State		ZIP code
() Phone number						
Email address				Additional ema	ail address,	if applicable

<sup>\*</sup>Handwrite your signature on this form. Scan the form after signing it and file it electronically.