#### Rule 8.37—Form 4: Guardian's Initial Care Plan for Protected Minor

#### **Instructions:**

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information such as Protected Minor's name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Minor's current situation, Protected Minor's needs, and Guardian's plan to meet those needs.
- Provide as much detailed information as possible.

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.

	ln	the Iowa District Court for	County (Juvenile Division)	
In the Matter of the Guardianship of:  Initials of Protected Minor  Protected Minor.		Matter of the Guardianship of:	Juvenile no	
		Protected Minor	Guardian's Initial Care Plan for Protected Minor	
		ted Minor.		
			Iowa Code § 232D.501(1)(a)	
Gu	ardia	an states as follows:		
1.	Gua	ardian's information		
	Α. (	Guardian's name:		
	-	Full name: first, middle, last		
	В. (	Guardian is Minor's: Check one		
	[	☐ Grandparent		
	[	☐ Adult sibling		
	[	☐ Other:		
2.	Min	or's information		
	A. I	Minor's age:		
	B. I	Reason for guardianship:		
	-			
	_			
	_			
	_			
	-			
	[	Check this box if you have attached a sheet	with additional information.	
		Continued	l on next page	

## 3. Minor's residence and interaction with Guardian

Α.	Does	Minor currently live with Guardian? Check Yes or No below.					
	□Ye	es					
	If	you checked Yes, complete the next section.					
	D	escribe Guardian's daily interaction with Minor:					
	_						
	_						
		Check this box if you have attached a sheet with additional information.					
	□No						
	If	you checked No, complete (1)–(6).					
	(1	1) Minor's current residence:					
		Mailing address					
		City State ZIP code					
	(2) Date Minor began living at current residence:						
		, 20					
		Month Day Year					
	(3	3) Explain why Minor does not live with Guardian:					
		Check this box if you have attached a sheet with additional information.					
	(4	4) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Minor? Check all that apply					
		☐ Daily					
		□ Weekly					
		☐ Monthly					
		☐ Other:					

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		(5) How does Guardian plan to interact with Minor? Chec	k all that apply
		☐ In person	
		☐ Mail, email, or social media	
		☐ Phone	
		☐ Other:	
		(6) Describe the types of activities with or on behalf of M plans:	linor that Guardian
		Check this box if you have attached a sheet with additional inform	ation.
	B.	Does Minor's current living situation best meet Minor's future	re 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.	
4.	Mi	nor's expenses	
	A.	Estimate of Minor's expenses:	
		Type of expense	Amount estimated  Check one  ☐ monthly ☐ annual
		(1) Food	\$
		At home and restaurants	
		(2) Clothing	\$

(3) Medical, dental  Not health insurance payments – see (7).	\$
(4) Transportation	\$
(5) Phone  If applicable	\$
(6) Internet  If applicable	\$
(7) Health insurance	\$
(8) Educational or vocational training expenses	\$
(9) Other expense  Identify:	\$
(10) Other expense  Identify:	\$
(11) Other expense Identify:	\$
(12) Other expense Identify:	\$
(13) Totals from attached sheets, if any  Check this box if you have attached a sheet with additional information regarding expenses.	\$
Total expenses	\$

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	B.	Who will pay Minor's expenses? Che		
		☐ Guardian		
		☐ One or both of Minor's parents		
		$\square$ A court-appointed conservator:		
		Conservator's full name: first, middle, last		
		Conservator's mailing address		
		City	State	ZIP code
		()		
		Phone number		
		Email address	Additional emo	uil address, if applicable
		☐ Other:		
		Check this box if you have attached a sheet v	vith additional informatio	n.
5.	Mi	nor's health		
	A.	Minor's physical health		
		(1) Describe Minor's current medical concerns:	health status, iden	tifying any medical
		Check this box if you have attached a sh	eet with additional inforn	nation.

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	(2)	Guardian's plan for meeting Minor's medical care needs:
		☐ Check this box if you have attached a sheet with additional information.
В.	Mir	nor's dental health
		Describe Minor's current dental health status, identifying any dental health concerns:
		Check this box if you have attached a sheet with additional information.
	(2)	Guardian's plan for meeting Minor's dental health care needs:
		Check this box if you have attached a sheet with additional information.
C.	Mir	nor's mental health
	(1)	Describe Minor's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:
		Check this box if you have attached a sheet with additional information.
		•

Rule 8.3	37—Form 4: Guardian's Initial Care Plan for Protected Mir	nor, continued				
	$\square$ School age and enrolled in or attendi	ng school				
	If you checked the above box, complete the next	section.				
	Minor's school information:					
	School name where Minor is enrolled or attending					
	School mailing address					
	City	State	ZIP code			
	☐ School age but not enrolled in or atte	nding school				
	If you checked the above box, complete the next	section.				
	Explain how Minor's educational nee	eds will be met:				
	Check this box if you have attached a sheet w	vith additional informati	ion.			
B.	. Does Minor receive or need special edu	ucation or related s	services?			
	☐ Yes ☐ No					
	If Yes, describe the services:					
	Check this box if you have attached a sheet with	additional information.				
C.	. Does Minor receive or need vocational	or training services	s?			
	□ Yes □ No					
	If Yes, describe the services:					
	☐ Check this box if you have attached a sheet with	additional information.	-			
		<b>y</b>				

	D.	Guardian's plan for meeting Minor's future educational, training, and vocational needs:
		Check this box if you have attached a sheet with additional information.
•	Ot	her professional services
	A.	Does Minor require any professional services other than those listed above?
		☐ Yes ☐ No
		If you checked Yes, complete B and C, otherwise skip to <b>8</b> .
	В.	Other professional services Minor requires:
		Check this box if you have attached a sheet with additional information.
	C.	Guardian's plan to provide the professional services required:

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

### 8. Minor's contact with parents and other relatives

A. Information regarding Minor's legal parent:

For purposes of this section, a "legal parent" is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

_	Contact information:		
F	Full name: first, middle, last		
Ā	Nailing address		
(	City	State	ZIP code
( F	Phone number		
$\overline{I}$	Email address	Additional email a	ddress, if applicable
	Vill arrangements be made parent?	e for regular contacts betwee	en Minor and this
	]Yes □ No		
lt	f Yes, describe the arrange	ements. If No, explain why.	
_			
_ [	Check this box if you have attach	hed a sheet with additional informatio	on.
Infor	mation regarding Minor's	other legal parent (if applica	ble):
	Contact information:		,
$\overline{I}$	Full name: first, middle, last		
$\overline{\Lambda}$	Aailing address		
7	Eity	State	ZIP code
(	Phone number		
F	Phone number		
$\overline{I}$	Email address	Additional email a	ddress, if applicable

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(2) Will ar parent	rangements be made for regular contacts between Minor and this?
□Yes	□No
If Yes,	describe the arrangements. If No, explain why.
Checi	k this box if you have attached a sheet with additional information.
	gements be made for regular contacts between Minor and other e.g., siblings, grandparents, aunts, and uncles)?
☐Yes	
If you ch	ecked Yes, complete the following sections as appropriate.
(1) Re	ative's name:
Re	ationship to Minor:
De	scribe arrangements planned for contact with this person:
	Check this box if you have attached a sheet with additional information.

Relationship to Minor:  Describe arrangements planned for contact with this person:  Check this box if you have attached a sheet with additional information.  Check this box if you have attached a sheet with additional relatives.  No  If you checked No, complete the next section.  Explain why:  Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is in Minor's best interest:		(2)	Relative's name:
Check this box if you have attached a sheet with additional information.  Check this box if you have attached a sheet with additional relatives.  No  If you checked No, complete the next section.  Explain why:  Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is			Relationship to Minor:
☐ Check this box if you have attached a sheet with additional relatives.  ☐ No  If you checked No, complete the next section.  Explain why:  ☐ Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is			Describe arrangements planned for contact with this person:
☐ Check this box if you have attached a sheet with additional relatives.  ☐ No  If you checked No, complete the next section.  Explain why:  ☐ Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is			
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☐ Check this box if you have attached a sheet with additional relatives.  ☐ No  If you checked No, complete the next section.  Explain why:  ☐ Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is			
□ No  If you checked No, complete the next section.  Explain why:  □ Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is			Check this box if you have attached a sheet with additional information.
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Explain why:  Check this box if you have attached a sheet with additional information.  9. Additional information  Additional information that may be useful for the court to know in determining what is		□No	
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Additional information that may be useful for the court to know in determining what is			Check this box if you have attached a sheet with additional information.
	9.	Addition	al information
Check this has if you have attached a shoot with additional information			is hor if you have attached a sheet with additional information
☐ Check this box if you have attached a sheet with additional information.		Check in	ь оох у уол наче иниспеч и ѕпеет мин шингопа: туотшноп.

<b>). Fees</b> Check o	for Guardian		
☐ Fee	es are applied for. Attach affidavit i	relative to compensation (	Towa Code section 633.202).
□Fee	es are waived.		
.Fees	for Guardian's attorney		
	es should be set by the court. <i>A ion</i> 633.202).	ttach affidavit relative to	compensation (Iowa Code
□Fee	es are not requested.		
□Fee	es are waived or not applicable		
. Attor	ney Help Check one		
A. 🗆	An attorney did not help me p	repare or fill in this	paper.
В. 🗆			
	If you check B, you must fill in the follo		•
		0 0	
	Name of attorney or organization, if an	у	
	Business address of attorney or organiz	zation	
	City	State	ZIP code
	() Phone number	Fax number	
	Fnone number	r ux number	
	Email address	Additional ema	il address, if applicable
.Oath	and signature of Guardian		
I,		ave read this Initial	Care Plan, and I certify
	your name		
	penalty of perjury and pursuar nation I have provided in this In		
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Month	, 20		
Monin	Day Tear Sign	ature ·	
Mailing	g address		
(	)		
Phone r	number		
Email a	address	 Additional ema	il address, if applicable