

**Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor**

**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 such as Protected Minor’s name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Minor’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 for \_\_\_\_\_ County (Juvenile Division)**

**In the Matter of the Guardianship of:**

\_\_\_\_\_  
*Initials of Protected Minor*

**Protected Minor.**

Juvenile no. \_\_\_\_\_

**Guardian’s Final Report for Protected  
Minor**

Iowa Code § 232D.501(1)(c)

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 Minor’s: *Check one*

Grandparent

Adult sibling

Other: \_\_\_\_\_

**3. Minor’s information**

Minor’s age: \_\_\_\_\_.

*Continued on next page*

**4. Termination of guardianship**

The guardianship has been or should be terminated because: *Check one*

- Minor is no longer a minor
- Minor is deceased
- Minor is now adopted
- Minor is now emancipated
- A different guardian was appointed
- Other reason:

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

**5. Minor’s residence and interaction with Guardian**

Does Minor currently live with Guardian? *Check Yes or No below.*

- Yes

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

Describe Guardian’s daily interaction with Minor during the reporting period:

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

- No

*If you checked No, complete sections (1)–(5).*

(1) Minor’s current residence:

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*Mailing address*

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*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code* \_\_\_\_\_

(2) Date Minor began living at current residence:

\_\_\_\_\_, 20\_\_\_\_.

*Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_

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(3) Explain why Minor does not live with Guardian:

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

(4) What types of contacts did Guardian have with Minor during the reporting period and how often? Check all that apply

In person

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Mail/email

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Phone

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Other type of contact: \_\_\_\_\_

Daily

Weekly

Monthly

Other: \_\_\_\_\_

*Continued on next page*

(5) Summarize the types of activities with or on behalf of Minor that Guardian performed during the reporting period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**6. Minor’s expenses**

A. Who will paying Minor’s expenses after the termination of this guardianship? *Check all that apply*

- Guardian
- Another guardian
- One or both of Minor’s natural parents
- A court-appointed conservator
- Other: \_\_\_\_\_

B. Information regarding payer of Minor’s expenses:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_ *Email address* \_\_\_\_\_ *Additional email address, if applicable*

**7. Minor’s health**

A. Minor’s physical health

Summarize Minor’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.

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**B. Minor’s dental health**

Summarize Minor’s dental health status during the reporting period, identifying any dental concerns that occurred:

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

**C. Minor’s mental health**

Summarize Minor’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

**D. Other health concerns**

Summarize any other health care concerns related to Minor that occurred during the reporting period:

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

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**8. Minor’s education**

A. Minor is: *Check one*

**Preschool age**

*If you checked the above box, complete the next section.*

Did Minor receive services from a preschool educational program (e.g., Early Access or Head Start) during the reporting period?

Yes    No

If Yes, describe the services:

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

**School age and enrolled in or attending school**

*If you checked the above box, complete the next section.*

Minor’s school information:

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*School name where Minor is enrolled or attending*

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*School mailing address*

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*City*

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*State*

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*ZIP code*

**School age but not enrolled in or attending school**

*If you checked the above box, complete the next section.*

Explain how Minor’s educational needs were met during the reporting period and how Minor’s educational needs will be met in the future:

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

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B. Did Minor receive special education or related services during the reporting period?

Yes    No

If Yes, describe the services:

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

C. Did Minor receive vocational or training services during the reporting period?

Yes    No

If Yes, describe the services:

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

**9. Other professional services**

Did Minor receive any professional services other than those listed above during the reporting period?

Yes    No

If Yes, describe the other professional services Minor received during the reporting period:

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

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### 10. Minor’s contact with parents and other relatives

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.

#### A. Information regarding Minor’s legal parent:

##### (1) Contact information:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

##### (2) How often did this parent interact with Minor during the reporting period?

No visits

Daily

Weekly

Monthly

Other: \_\_\_\_\_

##### (3) If this parent interacted with Minor during the reporting period, 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.

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**B. Information regarding Minor’s other legal parent (if applicable):**

**(1) Contact information:**

\_\_\_\_\_ *Full name: first, middle, last*

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_ *Email address* \_\_\_\_\_ *Additional email address, if applicable*

**(2) How often did this parent interact with Minor during the reporting period?**

- No visits
- Daily
- Weekly
- Monthly
- Other: \_\_\_\_\_

**(3) If this parent interacted with Minor during the reporting period, 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*

C. Did Minor interact with any other relatives during the reporting period?

Yes

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

(1) Relative’s name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

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) Relative’s name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

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 relatives.*

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No

*If you checked NO, complete the next section.*

Explain why:

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

**11. Additional information**

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

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

**12. Fees for Guardian**

*Check one*

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

Fees are waived.

**13. 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.

*Continued on next page*

**14. 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*

**15. Oath and signature of Guardian**

I, \_\_\_\_\_, have read this Final 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 Final 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.*