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 for	Co	ounty
In	the	e Matter of the Guardianship of:	Probate no	
Ful	l nan	ne: first, middle, last	Guardian's Final Re Pers	
Pr	ote	cted Person.	F CI 3	
				Iowa Code § 633.669(1)(c)
Gι	uaro	dian states as follows:		
1.	Re	eporting period		
	Th	his report is for the period from:	//to Day Year Month	<u> </u> . Day Year
2.	G	uardian's information		
	A.	Guardian's name:		
		Full name: first, middle, last		
	В.	Guardian is Protected Person's: Check of	ne	
		□ 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 checked	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?

Full name: first, middle, last		
Mailing address		
City	State	ZIP code
() Phone number		
Email address	Additional	email address, if applicable
). Does Protected Person have a H	lealthcare Power of Atto	orney?
🗌 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

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

		,	
	Full name: first, middle, last		
	Mailing address		
	City	State	ZIP code
	() Phone number		
	Email address	Additional	email address, if applicable
ł.	Termination of guardianship		
	The guardianship has been or she	ould be terminated becaus	Se: Check one
	Protected Person is deceased		
	A different guardian was appoin	nted	
	Other reason:		
	\Box Check this box if you have attached of	a sheet with additional information	2.
5.	Protected Person's residence a	nd interaction with Guar	rdian
	Does Protected Person currently	live with Guardian? Check Y	es 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.

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

🗌 No

If you checked ${\sf No}$, complete sections ('	1))_(4)	
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(1) Protected Person's current residence:

Mailing address				
City			State	ZIP code
2) Date Protected	Person be	gan living	at current re	esidence:
	,	20		
Month	Day	Year		
(3) What types of or reporting period				
🗌 In person				
🗌 Daily				
Weekly				
Monthly				
Other:				
🗌 Mail, email, d	or social m	edia		
🗌 Daily				
Weekly				
Monthly				
Other:				
Phone				
🗌 Daily				
Weekly				
Monthly				
Other:				
☐ Other type o	f contact: _			
🗌 Daily				
Weekly				
Monthly				
Other:				

	(4	 Summarize the types of acting Guardian performed during 		Protected Person that
•		Check this box if you have attache	ea a sheet with additional inform	ation.
	. V	ected Person's expenses Who will be paying Protected P Juardianship? Check all that apply	Person's expenses after th	ne termination of this
		Guardian		
] Another guardian		
] Spouse		
		Adult sibling or siblings		
		One or both of Protected Per	rson's natural parents	
		A court-appointed conservate	or	
] Other:		
В	s. Ir	nformation regarding payer of	Protected Person's expen	nses:
			-	
	F	Full name: first, middle, last		
	M	Iailing address		
	\overline{C}	Sity	State	ZIP code
	()		
	P	Phone number		
		Email address	Additional email add	

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:
		\Box Check this box if you have attached a sheet with additional information.
8.		ptected Person's education, training, and other vocational services and ployment status
	Α.	Did Protected Person attend school during the reporting period?
		If you 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?
		🗌 Yes 🗌 No
		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 emplo	oyed:	
Full-time		
Part-time		
Other:		
(2) Employer's information:		
Employer's name		
Employer's mailing address		
City	State	ZIP code
(3) Describe Protected Person's	emplovee duties:	
	ducational, training, or oth	
C. Did Protected Person receive ed assistance during the reporting	ducational, training, or oth	
 C. Did Protected Person receive ed assistance during the reporting □ Yes □ No 	ducational, training, or oth period?	
C. Did Protected Person receive ed assistance during the reporting Yes No If you checked Yes, complete the next sec	ducational, training, or oth period?	ner vocational
 C. Did Protected Person receive ed assistance during the reporting □ Yes □ No 	ducational, training, or oth period? <i>ction.</i> ng, and vocational assista	ner vocational
C. Did Protected Person receive ed assistance during the reporting Yes No If you checked Yes, complete the next sed Describe the educational, trainin	ducational, training, or oth period? <i>ction.</i> ng, and vocational assista	ner vocational
C. Did Protected Person receive ed assistance during the reporting Yes No If you checked Yes, complete the next sed Describe the educational, trainin	ducational, training, or oth period? <i>ction.</i> ng, and vocational assista	ner vocational
C. Did Protected Person receive ed assistance during the reporting Yes No If you checked Yes, complete the next sed Describe the educational, trainin	ducational, training, or oth period? c <i>tion.</i> ng, and vocational assista riod:	ner vocational

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: 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.*

(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.

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

	No
	If you checked NO, complete the next section.
	Explain why:
	Check this box if you have attached a sheet with additional information.
	I Protected Person interact with any other significant persons (e.g., friends, mer co-workers, and clergy) during the reporting period?
□ `	Yes
	If you checked Yes, complete the following sections as appropriate.
	If you checked Yes, complete the following sections as appropriate. (1) Significant person's name:
	(1) Significant person's name:
	(1) Significant person's name:
	 (1) Significant person's name:
	 (1) Significant person's name:
	 (1) Significant person's name:
	 (1) Significant person's name: Relationship to Protected Person: Describe the interactions, including whether the interactions were in
	 (1) Significant person's name: Relationship to Protected Person: Describe the interactions, including whether the interactions were in

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 significant persons.

🗌 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).*

 \Box 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).*

 \Box Fees are not requested.

☐ Fees are waived or not applicable.

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

Email address

Additional email address, if applicable

16. 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.