

**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.*

**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 Initial Care Plan for  
Protected Minor**

Iowa Code § 232D.501(1)(a)

Guardian states as follows:

**1. Guardian’s information**

A. Guardian’s name:

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

B. Guardian is Minor’s: *Check one*

Grandparent

Adult sibling

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

**2. Minor’s information**

A. Minor’s age: \_\_\_\_\_.

B. Reason for guardianship:

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

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

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

A. 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:

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

No

*If you checked No, complete (1)–(6).*

(1) Minor’s current residence:

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

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

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

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

(2) Date Minor began living at current residence:

\_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

(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) 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: \_\_\_\_\_

*Continued on next page*

(5) How does Guardian plan to interact with Minor? *Check all that apply*

- In person
- Mail, email, or social media
- Phone
- Other: \_\_\_\_\_

(6) Describe the types of activities with or on behalf of Minor that Guardian plans:

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

B. Does Minor’s current living situation best meet Minor’s future needs?

- Yes     No

If No, describe Guardian’s plan for meeting those needs:

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

**4. Minor’s expenses**

A. Estimate of Minor’s expenses:

Type of expense	Amount estimated <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) Food <i>At home and restaurants</i>	\$
(2) Clothing	\$

*Continued on next page*

(3) Medical, dental <i>Not health insurance payments – see (7).</i>	\$
(4) Transportation	\$
(5) Phone <i>If applicable</i>	\$
(6) Internet <i>If applicable</i>	\$
(7) Health insurance	\$
(8) Educational or vocational training expenses	\$
(9) Other expense <i>Identify:</i>	\$
(10) Other expense <i>Identify:</i>	\$
(11) Other expense <i>Identify:</i>	\$
(12) Other expense <i>Identify:</i>	\$
(13) 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>	\$
<b>Total expenses</b>	\$

*Continued on next page*

**B. Who will pay Minor’s expenses?** *Check all that apply*

- Guardian
- One or both of Minor’s parents
- A court-appointed conservator:

\_\_\_\_\_  
*Conservator’s full name: first, middle, last*

\_\_\_\_\_  
*Conservator’s mailing address*

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

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

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

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

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

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

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

**C. If Guardian is responsible for paying Minor’s expenses, describe Guardian’s plan for payment of Minor’s living expenses and other expenses:**

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

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

**5. Minor’s health**

**A. Minor’s physical health**

- (1) Describe Minor’s current medical health status, identifying any medical concerns:

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

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

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(2) Guardian’s plan for meeting Minor’s medical care needs:

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

**B. Minor’s dental health**

(1) Describe Minor’s current dental health status, identifying any dental health concerns:

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

(2) Guardian’s plan for meeting Minor’s dental health care needs:

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

**C. Minor’s mental health**

(1) Describe Minor’s current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

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

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(2) Guardian’s plan for meeting Minor’s mental, cognitive, behavioral, or emotional needs:

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

**D. Other health concerns**

(1) Identify any other health care concerns related to Minor:

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

(2) Guardian’s plan for meeting other health care concerns identified:

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

**6. Minor’s education**

A. Minor is: *Check one*

**Preschool age**

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

Is Minor receiving services from a preschool educational program (e.g., Early Access or Head Start)?

Yes     No

If Yes, describe the services:

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

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D. Guardian’s plan for meeting Minor’s future educational, training, and vocational needs:

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

**7. Other 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 8.*

B. Other professional services Minor requires:

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

C. Guardian’s plan to provide the professional services required:

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

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**8. 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) Will arrangements be made for regular contacts between Minor and this parent?**

Yes    No

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

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

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

**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*

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(2) Will arrangements be made for regular contacts between Minor and this parent?

Yes     No

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

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

C. Will arrangements be made for regular contacts between Minor and other relatives (e.g., siblings, grandparents, aunts, and uncles)?

Yes

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

(1) Relative’s name: \_\_\_\_\_.

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

Describe arrangements planned for contact with this person:

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

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(2) Relative’s name: \_\_\_\_\_.

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:

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

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

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