

STATE OF INDIANA

IN THE SUPERIOR COURT 2

COUNTY OF JOHNSON

CAUSE NO: 41D02 - _____

IN THE MATTER OF
THE GUARDIANSHIP OF

BIENNIAL REPORT OF GUARDIAN OF CONDITION OF PROTECTED PERSON

I, the undersigned, represent that I am the [co-] guardian[s] of the above named protected person, and that the biennial report to the Court is as follows:

1. Present age of protected person: _____
Date of birth: _____

2. Current address of protected person:

3. Protected person's residence is:
____ own home _____ guardian's home
____ relative's home: _____
____ hospital or medical facility: _____
____ nursing home: _____
____ foster or boarding home: _____
____ other: _____

4. Protected person has been in present residence since _____ (date).
If moved within past year, state reasons for
move: _____

5. During the past year, the protected person's mental health has:
____ remained about the same.
____ improved. Describe: _____
____ deteriorated. Describe: _____

6. During the past year, the protected person's physical health has:
____ remained about the same.
____ improved. Describe: _____
____ deteriorated. Describe: _____
7. During the past year, the protected person has been treated or evaluated by the following:
____ Physician. Name: _____
____ Psychiatrist. Name: _____
____ Social or other case worker. Name: _____
____ Dentist. Name: _____
____ Other. Name/Occupation: _____
8. If treated, reason: _____
9. Protected person ____ IS ____ IS NOT under regular physician's care
Doctor's name: _____
10. Social conditions: During the past year, the protected person has participated in the following activities:
____ Recreational: _____
____ Educational: _____
____ Occupational: _____
____ None. Reason: _____
____ Refuses or unable to participate.
11. I rate the protected person's living arrangements as:
____ Excellent.
____ Average.
____ Below average. Reason: _____
12. I believe the protected person is:
____ Content with living situation.
____ Unhappy with living situation. Reason(s) to believe that protected person is unhappy with situation: _____

13. I believe the protected person has the following unmet needs:

___ Protected person still requires living assistance.

___ Protected person has condition that requires care.

___ Condition: _____

___ Protected person is still a minor. If so, protected person will remain a minor until _____(date)

14. Minor's Educational Information:

School: _____ Grade: _____

Average Grades: _____ (Provide transcript)

15. Has any major disciplinary action been required since the last report: _____

If yes, location/reason: _____

16. We ___ DO ___ DO NOT gave possession or control of the protected person's estate.

If yes, my accounting is attached.

Guardian (1) Printed Name

Guardian (2) Printed Name

Guardian (1) Signature

Guardian (2) Signature

GUARDIAN (1) ADDRESS

GUARDIAN (2) ADDRESS

TELEPHONE _____

TELEPHONE _____

The Guardian(s) now asks that the court examine and approve this biennial report.

FILED THIS _____ DAY OF _____, _____.