

If additional space is needed please attach a separate page to this form.



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division PROBATE	Case Number:
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In the Estate of _____,
Incapacitated/Disabled Person

Guardian and Conservator Annual Status Report and Statement of Affairs – Incapacitated/Disabled Person

I/We _____, guardian/co-guardians and conservator/co-conservators of the above named ward submit the following information as required pursuant to the provisions of sections 475.082 and 475.270, RSMo.

1. State the present address of the ward: _____

2. State your present address: _____

Please check here if your address has changed since filing your last report.

3. If ward does not reside with you, during the last year, how many times have you seen the ward? _____

4. State the nature and description of your contact with the ward: _____

5. What was the date you last saw the ward? _____

6. State the nature and description of your visits with the ward: _____

7. State any activities the ward has participated in during the past 12 months: _____

8. To what extent has the ward participated in decision-making? _____

9. Is the ward currently institutionalized? Yes No

Place of institutionalization: _____

Person in charge of institution/home: _____

10. If institutionalized:

As guardian/co-guardians have you received a copy of the treatment or habilitation plan? Yes No

If yes, what is the date of such plan: _____

11. Do you agree with the provisions? Yes No

If not, explain what you disagree with: _____

If additional space is needed please attach a separate page to this form.

12. When was the ward last seen by a physician or other professional? _____

13. What was the purpose of the visit? _____

14. State the current mental and physical condition of the ward: _____

15. State any major changes in the condition of the ward: _____

16. If so, explain, state you observations: _____

17. In your opinion, should this guardianship/conservatorship be continued? Yes No

If no, why not? _____

18. If you have been appointed limited guardian or conservator, should your powers be increased? Yes No

If so, in what respects and why? _____

19. If you have been appointed full or limited guardian or conservator should your powers be decreased? Yes No

If so, in what respects and why? _____

20. Pursuant to section 475.082.9 RSMo, provide a summarized plan of care for the ward. An individual support plan or treatment plan for the ward for the coming year may be submitted in lieu of this requirement.

21. During the past 12 months did **you** receive money for the ward from:

Social Security Yes Amount annually? _____

No

SSI Yes Amount annually? _____

No

If additional space is needed please attach a separate page to this form.

Vet. Admin. (VA) Yes Amount annually? _____ No

Other Yes Amount annually? _____ No

22. If other, state the source: _____

23. Other than the payments listed above, have you or anyone else received any lump sum payments or other property from any source listed above or from any other source? Yes No

If so, state the date received, source, amount (or value) and the present location thereof: _____

24. Was any money paid to anyone else for the ward's benefit? Yes No

If so, state the source of the money and the name and address of the person receiving it: _____

25. State the amount of the ward's money you have spent for the ward during the past 12 months and the purposes of the expenditures:

26. State the total amount of money you presently have on hand for the ward: \$ _____

State the name and address of the depository where you keep an account for the ward's money: _____

27. Does the ward have life insurance for burial expenses or a burial plan? Yes No

If so, state the name of the company and the amount of the benefit: _____

28. State the services being provided to the protected person: _____

29. Any other information requested by the court or useful to the court in your opinion? _____

If additional space is needed please attach a separate page to this form.

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

Return to:

Signed this _____ day of _____, 20____

Signature of Guardian/Co-Guardians and Conservator/Co-Conservators

Printed Name of Guardian/Co-Guardians and Conservator/Co-Conservators

Street Address

City

State

Zip Code

Telephone Number

Email Address

Signature of Guardian/Co-Guardians and Conservator/Co-Conservators

Printed Name of Guardian/Co-Guardians and Conservator/Co-Conservators

Street Address

City

State

Zip Code

Telephone Number

Email Address