



PLEASE RETURN TO THE PROBATE DIVISION BY:

IN THE 6th JUDICIAL CIRCUIT COURT, PLATTE COUNTY, MISSOURI

Judge or Division PROBATE	Case Number:
In the Matter of	

Guardian and Conservator Annual Status Report

I/We _____, guardian/co-guardians 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. 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. Is the ward currently institutionalized? Yes No
Place of institutionalization: _____
Person in charge of institution/home: _____

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

9. Do you agree with the provisions? Yes No
If not, explain what you disagree with: _____

10. When was the ward last seen by a physician? _____

11. What was the purpose of the visit? _____

12. Have you observed any major changes in physical or mental conditions of the ward? Yes No

If so, explain, state your observations: _____

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

If no, why not? _____

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

If so, in what respects and why? _____

15. 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? _____

16. In your opinion, the adequacy of the care of the ward is as follows: _____

17. In your opinion, the facility where the ward resides is as follows: _____

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

Social Security Yes How Much? _____ No

SSI Yes How Much? _____ No

Vet. Admin. (VA) Yes How Much? _____ No

Other Yes How Much? _____ No

19. If other, state the source: _____

20. 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: _____

21. 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: _____

22. 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:

23. 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: _____

24. 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: _____

25. Comments: _____

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:

Platte County Probate Division

415 Third Street, Suite 95

Platte City, Missouri 64079

Signed this _____ day of _____, 20_____

Signature of Guardian/Co-Guardians

Printed Name of Guardian/Co-Guardians

Street Address

City State Zip Code

Telephone Number

Signature of Guardian/Co-Guardians

Printed Name of Guardian/Co-Guardians

Street Address

City State Zip Code

Telephone Number