



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's Annual Status Report**

I/We \_\_\_\_\_, guardian/co-guardians of the above named ward submit the following information as required pursuant to the provisions of section 475.082, 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. 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:**  
**PROBATE DIVISION**  
**415 THIRD STREET, STE. 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