

STATE OF INDIANA
FOUNTAIN COUNTY

IN THE FOUNTAIN CIRCUIT COURT
CAUSE NO: _____

IN THE MATTER OF THE GUARDIANSHIP OF
_____, PROTECTED PERSON

STATUS REPORT

As Guardian, I make this Report concerning the current status of _____
(NAME OF PROTECTED PERSON), the Protected Person in these proceedings. I now
advise the Court as follows:

A. RESIDENCE OF PROTECTED PERSON:

B. PHYSICAL/MENTAL CONDITION OF PROTECTED PERSON:

Attending Physician/Psychiatrist/Counselor, etc.

Attach current reports from anyone providing any of the above services to the
Protected Person.

C. TREATMENT PROGRAM:

(Detail the ongoing treatment program for the Protected Person.)

D. ACTIVITIES:

Home: _____

School: _____

Other: _____
