

STATE OF INDIANA

IN THE FOUNTAIN CIRCUIT COURT

FOUNTAIN COUNTY

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. EDUCATIONAL ACTIVITIES:

School: _____
Grade in School: _____
Grade Average: _____

(Provide a transcript of the school records of the Protected Person.)

E. DISCIPLINE:

Home: _____

School: _____

F. ACTIVITIES:

Home: _____

School: _____

Other: _____

(Detail the activities the Protected Person participates in at home, school, church, or the community, such as hobbies, sports, etc.)

I affirm under the penalties of perjury that the above and foregoing are true and correct.

Dated: _____

NAME OF GUARDIAN

