



**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI  
PROBATE DIVISION**

Judge or Division: PROBATE	Case Number: _____
In the Estate of : _____ Minor	

**Personal Status Report**

You are hereby ordered to inform the Court of the Status of your minor/ward protectee as follows:

1. State the present residence address of the minor: \_\_\_\_\_  
\_\_\_\_\_
2. State the name of the person in charge of the home: \_\_\_\_\_
3. Age of the minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. State the last time there was contact with the minor: \_\_\_\_\_  
\_\_\_\_\_
5. State the last time minor was last seen by a physician: \_\_\_\_\_  
What was the purpose of the visit? \_\_\_\_\_
6. During the past year has the minor: Married? **YES or NO.** Deceased? **YES or NO.**
7. What is your opinion of the present care being provided to the minor?  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you receive any money for the ward from:

Social Security: No \_\_\_\_\_ Yes \_\_\_\_\_ How Much? \_\_\_\_\_  
Other No \_\_\_\_\_ Yes \_\_\_\_\_ How Much? \_\_\_\_\_

9. List any bank name, bank account, account numbers and amounts:

Bank: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct No.: \_\_\_\_\_ Amt: \_\_\_\_\_ Restricted? **YES or NO**  
Bank: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct No.: \_\_\_\_\_ Amt: \_\_\_\_\_ Restricted? **YES or NO**  
Bank: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct No.: \_\_\_\_\_ Amt: \_\_\_\_\_ Restricted? **YES or NO**  
Bank: \_\_\_\_\_ Acct. Type: \_\_\_\_\_ Acct No.: \_\_\_\_\_ Amt: \_\_\_\_\_ Restricted? **YES or NO**

10. If accounts are restricted by Court order, the proof of restriction of accounts will need to be completed by the Depository and filed along with the status report.

**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 of making a false affidavit or declaration.**

Dated: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Guardian and/or Conservator

Dated: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Guardian and/or Conservator

Print Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**\*PLEASE MAKE SURE YOU ANSWER EVERY QUESTION TO THE BEST OF YOUR KNOWLEDGE. IF ANSWER IS NOT APPLICABLE, THEN PLEASE PLACE N/A FOR THE QUESTION. FORM MUST BE COMPLETE FOR THE COURT TO ACCEPT. \***

**Boone County Probate Division  
705 East Walnut, Columbia MO 65201**