

If additional space is needed please attach a separate page to this form.



## IN THE 13TH JUDICIAL CIRCUIT COURT, BOONE COUNTY, MISSOURI

Probate Division

Case Number:

In the Estate of \_\_\_\_\_, Incapacitated/Disabled Person

### Guardian/Conservator Annual Status Report – Incapacitated-Disabled Person

I/We \_\_\_\_\_, guardian/co-guardians and conservator/co-conservators of the above named ward-protectee submit the following information as required pursuant to the provisions of section 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.

### **GUARDIANSHIP**

1. If ward does not reside with you, during the last year, how many times have you seen the ward? \_\_\_\_\_

2. State the nature and description of your contact with the ward: \_\_\_\_\_  
\_\_\_\_\_

3. What was the date you last saw the ward? \_\_\_\_\_

4. State the nature and description of your visits with the ward: \_\_\_\_\_  
\_\_\_\_\_

5. State any activities the ward has participated in during the past 12 months: \_\_\_\_\_  
\_\_\_\_\_.

6. To what extent has the ward participated in decision-making? \_\_\_\_\_  
\_\_\_\_\_.

If additional space is needed please attach a separate page to this form.

7. What type of facility is the ward currently living in? \_\_\_\_\_

Name of facility and location: \_\_\_\_\_

Person in charge of the facility: \_\_\_\_\_

8. As guardian/co-guardians have you received a copy of the treatment plan or plan of care? ☐ Yes ☐ No

If yes, what is the date of such plan: \_\_\_\_\_

9. Do you agree with the provisions of the treatment plan or plan of care? ☐ Yes ☐ No

If not, explain what you disagree with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. When was the ward last seen by a physician or other professional? \_\_\_\_\_

\_\_\_\_\_

11. What was the purpose of the visit? \_\_\_\_\_

\_\_\_\_\_

12. State the current mental and physical condition of the ward: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. State any major changes in the condition of the ward: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. If so, explain, state your observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. In your opinion, should this guardianship be continued? ☐ Yes ☐ No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. If you have been appointed limited guardian, should your powers be increased? ☐ Yes ☐ No

If so, in what respects and why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If additional space is needed please attach a separate page to this form.

17. Pursuant to 475.082.9 RSMo. Provide a summarized plan of care for the ward. An individual support plan or treatment plan for the ward for the coming year may be submitted in lieu of this requirement.

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## **CONSERVATORSHIP**

1. State the services being provided to the protectee: \_\_\_\_\_
2. State the significant actions you have taken concerning the conservatorship during the reporting period: \_\_\_\_\_  
\_\_\_\_\_
3. In your opinion, should the conservatorship continue and if any recommended changes need to be made to the conservatorship: \_\_\_\_\_
4. If compensation for services rendered as conservator is requested, what amount is requested as compensation for services rendered, and what amount is requested as reimbursement for the reasonable and necessary expenses of the conservator(s)? Please attach appropriate documentation to support any request for compensation and/or reimbursement. \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a financial plan in place for the coming year for the protectee? \_\_\_\_\_
6. If you do have a financial plan in place, what are the provisions of the plan?  
\_\_\_\_\_  
\_\_\_\_\_
7. Any other information requested by the court or useful to the court in your opinion:  
\_\_\_\_\_  
\_\_\_\_\_
8. Pursuant to 475.270 RSMo. An annual settlement shall also be filed with the court providing the following information:  
**(\*\*PLEASE NOTE: This is a separate financial accounting. Consult with your attorney or see the 13<sup>th</sup> Judicial Website for form and instructions – [www.courts.mo.gov/hosted/circuit13](http://www.courts.mo.gov/hosted/circuit13))**
  - (1) A statement of any money or property received during the preceding year including the date, source and amount or value;
  - (2) A statement of disbursements made and the purpose;
  - (3) The total amount of money or property on hand; and
  - (4) The name and address of any depository where estate funds are deposited and the amounts thereof.
9. 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: \_\_\_\_\_  
\_\_\_\_\_

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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.

**List one person (who is not a member of your household) that will know the whereabouts of the above listed Guardian(s):**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_  
**Telephone Number**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
Signature of Guardian/Co-Guardians

\_\_\_\_\_  
Printed Name of Guardian/Co-Guardians

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_  
Signature of Guardian/Co-Guardians

\_\_\_\_\_  
Printed Name of Guardian/Co-Guardians

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Return to:**

BOONE COUNTY CIRCUIT COURT

PROBATE DIVISION

705 E WALNUT

COLUMBIA MO 65201