

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



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

Probate Division
PROBATE

Case Number:

In the Estate of _____, Incapacitated Person

Guardian's Annual Status Report – Incapacitated Person

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. If ward does not reside with you, 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. State any activities the ward has participated in during the past 12 months: _____
_____.

8. To what extent has the ward participated in decision-making? _____
_____.

9. What type of facility is the ward currently living in? _____

Name of facility and location: _____

Person in charge of the facility: _____

10. 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: _____

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

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

If not, explain what you disagree with: _____

12. When was the ward last seen by a physician or other professional? _____

13. What was the purpose of the visit? _____

14. State the current mental and physical condition of the ward: _____

15. State any major changes in the condition of the ward: _____

16. If so, explain, state your observations: _____

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

If no, why not? _____

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

If so, in what respects and why?

19. 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.

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

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

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