

****This form is to be filed every two years after appointment of Guardian****

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

**IN THE MATTER OF
THE GUARDIANSHIP OF:**

_____, A Minor

Cause# _____

STATUS REPORT

As Guardian, I make this Report concerning the status of _____,
the Protected Person in these proceedings. I now advise the Court as follows:

A. Please identify who the Protected Person lives with (Guardian, Group Home, Nursing Home, etc.):

Current Address of Protected Person:

B. Has the physical/mental condition of the Protected Person changed since the last status report was filed? If yes, please explain:

Name of Physician/Psychiatrist/Counselor etc.:

C. Does the protected person attend school? _____ Where? _____

D. What type of activities does the protected person participate in?

E. Current Age of Protected Person: _____

F. Does the Protected Person own property or monies the amount of \$15,000? _____
(if yes, you are required to file a biennial accounting)

Comments:

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

Date

Signature of Guardian

Printed Name of Guardian

Guardian's Current Address

Phone