_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number Email

❑Guardian

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

IN RE INTEREST OF: _____ Respondent. UPON THE PETITION OF: _____ Petitioner(s).	**Cause No. _____** **GUARDIAN'S REPORT-ADULT**

Current Reporting Period From _____To _____
(MM/DD/YYYY) (MM/DD/YYYY)

(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

Instructions to Guardian: You have been ordered to complete a Guardian's Report every year on behalf of the WARD. When answering the questions in this report, you are required to provide details. Answers such as "same as last year" or "no change since last report" are not acceptable answers. Your report may be rejected with those answers.

If you need more space than is provided, attach additional pages to the form and indicate the corresponding paragraph that goes with the attachment. Any additional pages must include signatures. **You must fill out the entire form**. If a section does not apply, put "**N/A**" (not applicable).

I. CONTACT INFORMATION

1. **Ward's Information:** ❑ Check if Updated Information from last Report
   Full name: _____
   Date of Birth/Age: _____
   Street Address: _____
   Mailing Address (if different): _____

Primary Phone: _____

2. **Guardian's Information:** ❑ Check if Updated Information from last Report
   Full name: _____
   Date of Birth/Age: _____
   Street Address: _____
   Mailing Address (if different): _____
   Email: _____
   Primary Phone: _____
   Occupation: _____
   Your relationship to Ward: _____

   Have you had any criminal charges filed against you or convictions entered since the last report? ❑Yes ❑ No
   If yes, explain: _____

II. STATUS INFORMATION

		Yes	No
1.	Do you recommend that the guardianship continue? If **No**, explain: _____ _____	❑	❑
2.	Do you recommend any changes to the guardianship? If **Yes**, explain: _____	❑	❑
3.	Do you wish to remain guardian? If **No**, explain: _____ _____	❑	❑

NOTE: If you wish to terminate this guardianship or modify by replacing the guardian or adding a co-guardian, you must file a separate petition with the court.

4. Who currently supervises the Ward's care and treatment on a daily basis?
   Name: _____
   Primary Phone: _____ Alternate Phone: _____

5. If the Ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

III. CURRENT CONDITION OF WARD

1. Describe in detail the current mental condition of the Ward:

_____
_____
_____
_____

2. Describe in detail the current physical condition of the Ward:

_____
_____
_____
_____

3. Describe in detail the current social condition of the Ward:

_____
_____
_____
_____

IV. PESONAL CARE AND OTHER ISSUES

	YES	NO
1. Has the ward's physical and medical condition (illness/injuries) changed since the last report? If **Yes**, explain: _____	❑	❑
2. Has the ward been hospitalized since the last report? If **Yes**, explain: _____	❑	❑
3. Have there been any medical, social or psychological evaluations of the Ward performed? If **Yes**, explain: _____	❑	❑
4. Is there a need for further medical, social or psychological evaluations of the Ward? If **Yes**, explain: _____	❑	❑

5. Describe the medical, educational, vocational and other services provided to the Ward as follows:

   A. Describe in detail any medical services provided to the Ward:

   B. List any medications provided to the Ward:

   C. Describe in detail any educational services provided to the Ward:

   D. Describe in detail any vocational services provided to Ward:

   E. Describe in detail any cultural services or opportunities provided to Ward:

   F. Describe in detail any other services provided to Ward:

6. How often do you contact the Ward's medical provider?
   ❑Daily ❑Weekly ❑Monthly ❑Other: _____
   How do you contact the Ward's medical provider (phone, email, etc.)?

7. Do you believe the current plan for care, treatment and/or rehabilitation is in the Ward's best interest?
❑Yes ❑No If **No**, describe what changes would be appropriate.

_____
_____
_____
_____

8. The Ward's care and living situation is ❑Very Good ❑ Good ❑Adequate ❑Poor

9. Describe your plans for the Ward's future care, including any recommended changes.

_____
_____
_____
_____

V. VISIATION OF WARD

1. How often do you visit the Ward? ❑Daily ❑Weekly ❑Monthly
❑Other:_____

2. How often do you contact the Ward or the Ward's care provider?
❑Daily ❑Weekly ❑Monthly ❑Other: _____

3. When was the last time you saw the Ward in person? _____ (date)

4. Indicate how long your visits are and summarize your activities with and on behalf of the Ward.

_____
_____
_____
_____
_____

5. Does the Ward participate in decision-making? ❑Yes ❑No Briefly describe.

_____
_____
_____
_____

VI. FINANCIAL MATTERS

Complete this section only if there is no conservatorship and the guardian has custody of funds.

1. Are there sufficient financial resources to take care of the Ward? ❑Yes ❑No
   If **No,** what do you believe is the best way to handle this problem?
   _____
   _____
   _____
   _____

2. Do you have control of the Ward's income? ❑Yes ❑No
   If **Yes**, explain the source of the Ward's income:
   _____
   _____

3. If applicable, identify the representative payee for Social Security and other income benefits.
   Name: _____ Phone Number: _____

4. Have any fees been paid to you in your role as guardian? ❑Yes ❑No
   If **Yes,** describe: _____
   _____

5. Have any fees been paid to others for the care of the Ward or his or her property? ❑Yes ❑No
   If **Yes**, describe:
   _____
   _____

6. Please indicate whether you have possession or control of the following:

   ❑ **Bank Account(s):** Name of financial institution(s) and last four numbers of account(s): _____
   _____
   Estimated Value: _____

   ❑ **Investment Account(s):** Name of financial institution(s) and last four numbers of account(s): _____
   _____
   Estimated Value: _____

   ❑ **Real Estate:** Address: _____
   Estimated Value: _____

❑ **Personal Property (i.e. jewelry, collectibles, vehicles…)**
Description:_____

_____

Estimated Value:_____

❑ **Liabilities/Debts:** Creditor(s):_____

_____

Estimated Amount:_____

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	$	
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	+$	
Less total fees to care providers	-$	
Less total monies paid to the Ward, e.g. personal needs	-$	
Less total fees paid to guardian	-$	
Less any other expenses, e.g. housing, insurance, maintenance	-$	
Ending balance of bank accounts	$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

❑ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

❑ By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

_____ _____

Signature Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

_____

Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: _____