

STATE OF INDIANA ) IN THE BROWN CIRCUIT COURT  
 ) SS:  
COUNTY OF BROWN ) CAUSE NO. 07C01-

IN THE MATTER OF THE GUARDIANSHIP OF:

## GUARDIAN'S REPORT

Accounting Period: From \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_.

**Please describe the Incapacitated Person's condition and circumstances since your last report:**

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Is the guardianship still necessary: \_\_\_\_\_ If yes, please state why the guardianship is still necessary and whether any less restrictive alternatives have been considered or implemented:

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**Incapacitated Person's assets at beginning of accounting period: \$**

**Total income received by or on behalf of the Incapacitated Person during accounting period: \$**

**Source of Income:** **Social Security** \_\_\_\_\_  
**Disability** \_\_\_\_\_  
**Employment** \_\_\_\_\_  
**Other** \_\_\_\_\_

**Total expenditures on behalf of Incapacitated Person during accounting period:** \$ \_\_\_\_\_

Type of Expenses:	Food	_____
	Clothing	_____
	Activities	_____
	Housing	_____
	Medical	_____
	Other	_____

**Total assets at end of accounting period:** \$ \_\_\_\_\_

**Current address of Incapacitated Person:** \_\_\_\_\_

**Current address of Guardian(s):** \_\_\_\_\_  
**(Guardian has a continuing duty to advise the Court in writing of any change of address)**

**I/we affirm under the penalties for perjury that the foregoing representations are true.**

**Date:**

## **Guardian or Co-Guardian**

## **Guardian or Co-Guardian**