

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:

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:

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