

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

**Check your email.** You will receive information and documents at this email address.

\_\_\_\_\_  
Email

I am  Guardian  Conservator  
 Guardian's Attorney  Conservator's Attorney (Utah Bar #: \_\_\_\_\_)

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

In the Matter of:

\_\_\_\_\_  
(Ward)

**Report on the Status of the Ward**

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Judge

1. I am Guardian of the above-named Ward.
2. The Ward was born on \_\_\_\_\_ (Ward's birth date).
3. (Check all of the boxes which apply. Fill in the blanks if appropriate)  
 This is my first report.  
 My previous report covered the period from \_\_\_\_\_ to \_\_\_\_\_.  
 This is my final report.
4. This report covers the period from \_\_\_\_\_ to \_\_\_\_\_.  
(Note: The beginning date must be one day later than the ending date of the previous report.)

5. During the reporting period, I had contact with the Ward approximately \_\_\_\_\_  
(number of) times.

6. During the reporting period, the Ward has engaged in the following education,  
training or social activities:

\_\_\_\_\_  
\_\_\_\_\_

7. The Ward lives at:

Name of facility (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

8. (Check all boxes which apply. Fill in the appropriate blanks)

The Ward has been at this location since \_\_\_\_\_.

The Ward has moved during the reporting period year because \_\_\_\_\_.

9. The Ward's living arrangement is best described as:

The Ward's home.

A relative's home. Describe the relationship \_\_\_\_\_.

My home.

A care facility.

10. If the Ward is living in a private home, the following people are living in the same  
household with the Ward:

Name	Relationship to the Ward

11. If the Ward is living in a care facility, I would describe the care facility as follows:

The name of the care facility is: \_\_\_\_\_.

My description of the care facility is: \_\_\_\_\_

\_\_\_\_\_.

The following person at the care facility can be contacted for further information:

Name: \_\_\_\_\_.

Mailing Address: \_\_\_\_\_.

City, State, Zip \_\_\_\_\_.

Phone: \_\_\_\_\_.

Email: \_\_\_\_\_.

12. I rate the living situation as:

excellent

average

below average

Explain: \_\_\_\_\_

\_\_\_\_\_.

13. I believe the Ward's feelings about the living situation are as follows:

content

unhappy

Explain: \_\_\_\_\_

\_\_\_\_\_.

14. I recommend a more suitable living arrangement.

No

Yes

Explain: \_\_\_\_\_

\_\_\_\_\_.

15. The Ward's primary medical care provider is:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

16. During the reporting period, the Ward has been treated or evaluated by: (Include Physicians, Dentists, Psychiatrists, Psychologists, Social workers, etc.)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. During the reporting period, the Ward has received the following treatment, therapy or assistive devices:

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18. Currently, the Ward is taking the following medications:

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Reason: \_\_\_\_\_

19. Describe the Ward's cognitive and emotional functioning:

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20. Describe the Ward's everyday functioning, such as ability care for self, make medical decisions, and make daily living decisions:

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21. During the reporting period, the Ward's mental health has:

remained about the same

improved

deteriorated

Explain:

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22. During the reporting period, the Ward's physical health has:

remained about the same

improved

deteriorated

Explain:

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23. During the reporting period, the Ward has been diagnosed with a terminal illness.

No

Yes

Diagnosing Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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24. There is a current plan for the Ward's care, training or treatment:

No

Yes

The plan is on file with the court.

The plan is being submitted along with this Status Report.

25. I recommend that the guardianship should be

[ ] continued

[ ] modified as follows:

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I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_  
Date

Signature ► \_\_\_\_\_

Printed Name \_\_\_\_\_