

MARION SUPERIOR COURT – PROBATE DIVISION

GUARDIANSHIP OF _____

CAUSE NUMBER _____

REPORT OF GUARDIAN OF PERSON

The undersigned, _____, as guardian of the person of
_____ [*name of protected person*], respectfully reports:

1. List the protected person's current address: _____
2. What type of residence is this? [*House, apartment, nursing home, etc.*] _____
3. What is the protected person's current condition and health? _____

4. When did you, the Guardian, last personally see the protected person? _____

5. Does the guardianship of the person of the protected person need to remain in effect?
_____ If not, why not? _____

I affirm, under the penalties of perjury, that the above statements are true.

Dated: _____

Signature of Guardian

Printed Name of Guardian

Guardian's Address

Guardian's Telephone Number