
Name

Address

City, State, Zip

Phone

Email

You have the right to object to this report within 28 days of service. If you do not object within that time, your objection may be waived.

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

I am: Guardian Guardian's Attorney, Utah Bar #: _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address: _____

In the Matter of:	Report on Status of the Protected Person
Protected Person	Case Number
	Judge

Guardian contact information (if different from above):

Name: _____

Address: _____

Phone: _____

Email: _____

Overview

1. The above-named protected person was born on:

Date of Birth

2. This status report covers the following period (List dates. Each report covers 365 days. The first report should start the day the guardian was appointed.):

from _____ (start date) _____ (end date)

3. Report Status (choose one):

This is my first status report.

This is my next status report. My previous report covered from:

_____ (start date) _____ (end date)

This is my final status report (Explain. A final report is required if the guardian or conservator is no longer serving in that role, the protected person dies, the court ends the guardianship or conservatorship or the court transfers the guardianship or conservatorship to another state):

4. During the reporting period, I visited or communicated with the protected person the following number of days:

Number of days (approximate)

5. During the reporting period, the protected person engaged in the following education, training, and social activities:

6. During the reporting period, was there a need for police involvement with the protected person?

No

Yes (describe - list individuals involved, police agency, case #, and dates, if known)

7. There is a current plan for the protected person's care, training, and treatment (choose one):

No

Yes - the plan is on file with the court

Yes - the plan is being submitted along with this report

You can find more information about care planning on the court's website:
<http://www.utcourts.gov/plan>



Scan QR code
to visit page

Living Situation

8. The protected person's current contact information is (This is only for the protected person. Do not list information for guardians or caregivers):

Street address: _____

Mailing address: _____

Phone number: _____

Email address: _____

9. The protected person's living arrangement is best described as (Choose one):

The protected person's home.

My home.

Someone else's home.

(name and relationship): _____

(list phone or email):

A care facility.

(facility name): _____

(type): _____

You can find information
about facility types here:
https://www.utcourts.gov/howto/family/gc/choosing_residence.html

10. The protected person is living in a private home. Below are the other people living in the private home:

Name	Relationship to the Protected Person

11. The protected person is living in a care facility.

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

Name: _____

Role / Title: _____

Phone: _____

Email: _____

The person responsible for paying facility costs is:

Name

To the best of my knowledge, payments to the facility are:

Paid in full.

Not paid in full. The balance due is: \$ _____

12. The protected person has been at their current address since the last reporting period:

Yes

No - The protected person has moved because (describe):

13. I describe the protected person's living arrangement as follows:

Social:

Quality of the physical building:

Daily activities (meals, bathing):

Access to health care:

14. I think the protected person would say this about their living situation:

15. I recommend a better living situation (choose one):

No.

Yes (explain):

Physical and Mental Health

16. During the reporting period, did the protected person have any significant injuries? (choose one):

No.

Yes (describe):

17. The protected person's primary medical care provider is:

Name: _____

Address: _____

Phone: _____

18. During the reporting period, the protected person received the following treatments and evaluations:

(List any appointments with medical, dental, and other providers. Attach additional pages if needed.)

Date	Provider Name & Phone	Purpose of Visit	Findings

21. Describe the protected person's everyday functioning (e.g., ability to care for self, make medical decisions, make daily living decisions. Use your best judgment based on what you know):

22. During the reporting period, the protected person's mental health has (choose one):

Remained about the same

Improved (explain):

Worsened (explain):

23. During the reporting period, the protected person's physical health has (choose one):

Remained about the same

Improved (explain):

Worsened (explain):

24. During the reporting period, the protected person has been diagnosed with a terminal illness (choose one):

No

Yes, by the following physician:

Name: _____

Phone: _____

Diagnosis: _____

Guardianship Status

25. Money I received for guardian or conservator services. (Choose one. The court must give you permission to be paid for providing guardianship or conservatorship services. Utah Code 75-5-312):

None. The protected person does not owe me any money.

Unpaid. The protected person owes me: \$ _____

Partial. I received: \$ _____ ; I am still owed: \$ _____

Paid in Full. I received: \$ _____

The protected person does not owe any additional money.

26. As guardian or conservator, I loaned money to the protected person (choose one):

No.

Yes. I loaned: \$ _____ ; I am still owed: \$ _____

27. While serving as guardian or conservator, I (choose all that apply):

Did not serve as a paid caregiver for the protected person.

Did serve as a paid caregiver for the protected person. I received:

\$ _____

Did receive other payments, in the following amount:

\$ _____

Provide a detailed explanation for payments received: (Attach supporting documents, if applicable)

28. I recommend that the guardianship be (choose one):

Continued as is.

Changed (describe):

29. I understand I am required to file this status report along with the following forms (forms can be found at: <https://www.utcourts.gov/howto/family/gc/reports.html>):

- Notice of Right to Object
- Guardian and Conservator Certificate of Mailing

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

_____ Sign here ► _____
Date
Typed or Printed Name _____