
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:

(Protected person)

Report on the Status of the Protected Person

Case Number

Judge

1. I am Guardian of the above-named protected person.
2. The protected person was born on _____ (protected person birth date).
3. (Check all that 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 protected person approximately _____ (number of) times.

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

7. The protected person lives at:

Name of facility (if applicable): _____

Street Address: _____

Mailing Address: _____

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

The protected person has been at this location since

_____.

The protected person has moved during the reporting period year because

_____.

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

The protected person's home.

A relative's home. Describe the relationship _____.

My home.

A care facility.

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

Name	Relationship to the protected person

11. If the protected person 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 protected person'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 protected person's primary medical care provider is:

Name: _____

Mailing Address: _____

City / State / Zip: _____

16. During the reporting period, the protected person 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 protected person has received the following treatment, therapy or assistive devices:

18. Currently, the protected person is taking the following medications:

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

Name: _____

Dosage: _____

Reason: _____

19. Describe the protected person's cognitive and emotional functioning:

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

21. During the reporting period, the protected person's mental condition has:

remained about the same

improved

deteriorated

Explain:

22. During the reporting period, the protected person's physical condition has:

remained about the same

improved

deteriorated

Explain:

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

No

Yes

Diagnosing Doctor: _____

Telephone: _____

Diagnosis: _____

24. There is a current plan for the protected person'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:

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 _____