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STATE OF INDIANA ) IN THE JEFFERSON CIRCUIT COURT  
 )SS:  
COUNTY OF JEFFERSON ) CAUSE NO. \_\_\_\_\_

IN THE MATTER OF THE GUARDIANSHIP OF:

\_\_\_\_\_  
(NAME OF PROTECTED PERSON)

**STATUS REPORT**

As Guardian, I make this Report concerning the current status of the protected person named above in these proceedings. I understand this document will be made available only to the Court and those authorized under IC 29-3-9-5. I now advise the Court as follows:

A. RESIDENCE OF PROTECTED PERSON:

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

B. PHYSICAL/MENTAL CONDITION OF PROTECTED PERSON:

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

Attending Physician/Psychiatrist/Counselor, etc.

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

Attach current reports from anyone providing any of the above services to the Protected Person.

C. TREATMENT PROGRAM:

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

(Detail the ongoing treatment program for the Protected Person)  
(Attached documented plan if available)

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D. EDUCATIONAL ACTIVITIES:

School: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Grade Average: \_\_\_\_\_

(Provide transcript of school records of the Protected Person.)

E. DISCIPLINE:

Home: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

F. ACTIVITIES:

Home: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

(Detail activities the Protected Person participates in at home, school, church, or the community, such as hobbies, sports, etc.)

I affirm under the penalties of perjury that the above and foregoing are true and correct.

\_\_\_\_\_

GUARDIAN

DATE