

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION**

No. _____

Matter of _____, an incapacitated person.

GUARDIAN'S ANNUAL STATUS REPORT
(Sec. 475.085 RSMo.)

I _____, Guardian of the above named Ward, submit the following information as required pursuant to the provisions of Section 475.082 RSMo.

1. The present address of the Ward is _____

2. I have had contact with the Ward daily () weekly () monthly () other () as follows: _____

3. The nature of my contacts with the Ward (by phone or in person): _____

4. Date I last saw the Ward was _____

5. The Ward is () is not () currently institutionalized in _____

6. I have () have not () received a copy of the treatment or habilitation plan, dated _____,
and I agree with its provisions () or disagree () as follows: _____

7. The date the Ward was last seen by a physician was _____, and
the purpose was _____

8. Since my last report, I have observed the following major changes in the physical or mental condition of
the Ward (if none, so state): _____

() strike if inapplicable

****please complete the reverse side***



9. I feel the continuation of the Guardianship is () is not () needed for the following reasons: _____

10. I feel that the powers granted to me should be () increased () decreased () remain the same, for the following reasons:

11. My opinion as to the adequacy of the present care of the Ward is as follows: _____

12. Other Comments:

Signature of Guardian _____

ALL GUARDIANS MUST SIGN

Address

Phone

