

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS  
DISTRICT OF NAY-AH-SHING**

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**IN THE COURT OF CENTRAL JURISDICTION**

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In the Matter of the Guardianship of:

Case File No. \_\_\_\_\_

\_\_\_\_\_ ,

Ward.

**PERSONAL WELL-BEING &  
FINANCIAL REPORT  
(ADULT GUARDIANSHIP)**

**PERIODIC REPORT**

**ANNUAL REPORT**

**FINAL REPORT**

**CURRENT REPORTING PERIOD** FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

(Reporting date must be for the past year and may not report into the future).

**Instructions to Guardian:**

When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Be sure to attach the required bank statements and tax returns.

**I. CONTACT INFORMATION**

**Ward's Information:**  **Check if updated from last report**

Name:		Date of Birth:
Phone: (       )		Sex:
Name of Living Facility (if any):		
Street Address:		
City:	State:	Zip Code:

**Guardian's Information:**  Check if updated from last report

Name:		Date of Birth:
Relationship to Ward:		
Occupation:		
Phone: (        )		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:

**Co-Guardian's Information:**  Check if updated from last report

Name:		Date of Birth:
Relationship to Ward:		
Occupation:		
Phone: (        )		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:

**II. PLACEMENT AND CARE SUPERVISION**

**A.** Who currently supervises the ward's care and treatment on a daily basis?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**B.** If the ward has moved since the last reporting period, identify the date of move, address of new residence, type of residence and reason for change:

Date of Move:	Facility Type:
Facility Name:	
Facility Address:	
Reason for Change:	

**III. STATUS INFORMATION**

A. Do you recommend that the guardianship continue?  **Yes**  **No**

If **No**, explain: \_\_\_\_\_  
\_\_\_\_\_

B. Do you recommend any changes to the guardianship?  **Yes**  **No**

If **Yes**, explain: \_\_\_\_\_  
\_\_\_\_\_

C. Do you wish to remain as guardian?  **Yes**  **No**

If **No**, explain: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: If you wish to terminate this guardianship, or modify by replacing the current guardian or add a co-guardian, you must file a separate motion with the Court.**

**IV. CURRENT CONDITION OF THE WARD**

Please describe the current **mental** condition of the ward: \_\_\_\_\_

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

Please describe the current **physical** condition of the ward: \_\_\_\_\_

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

Please describe the current **social** condition of the ward: \_\_\_\_\_

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

**V. PERSONAL CARE AND OTHER ISSUES**

**Yes No**

A. Has the ward's physical and mental condition (illness/injuries) changed since the last report? If **Yes**, please explain:    
\_\_\_\_\_

\_\_\_\_\_

**V. PERSONAL CARE AND OTHER ISSUES**

**Yes No**

**B.** Has the ward been hospitalized since the last report? If **Yes**, explain:

\_\_\_\_\_

**C.** Have there been any medical, social or psychological evaluations of the vulnerable adult performed? If **Yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

**D.** Is there a need for further medical, social or psychological evaluations of the vulnerable adult? If **Yes**, please explain: \_\_\_\_\_

\_\_\_\_\_

**E.** Describe the medical, educational, vocational and other services provided to the ward.

Please describe any **medical** services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any **medications** provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any **educational** services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any **vocational** services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any **other** services provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. How often do you contact the ward's medical provider?

Daily  Weekly  Monthly  Other: \_\_\_\_\_

How do you contact the ward's medical provider (phone, email, etc.)? \_\_\_\_\_

\_\_\_\_\_

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the ward's best interest?

Yes  No If **No**, describe what changes would be appropriate.

\_\_\_\_\_

\_\_\_\_\_

H. The ward's care and living situation is  **Very Good**  **Good**  **Adequate**  **Poor**

I. Describe your plans for the ward's future care, including any recommended changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VI. VISITATION OF WARD

A. How often do you visit the ward?  **Daily**  **Weekly**  **Monthly**

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

B. How often do you contact the ward or his/her care provider?

**Daily**  **Weekly**  **Monthly**  **Other:** \_\_\_\_\_

C. When was the last time you saw the ward in person? \_\_\_\_\_(Date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the ward:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Does the ward participate in decision-making?  **Yes**  **No** Briefly describe:

\_\_\_\_\_

\_\_\_\_\_

## VII. FINANCIAL MATTERS

A. Are there sufficient financial resources to take care of the ward?  **Yes**  **No**

If **No**, what do you believe is the best way to handle this problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** Do you have control of the ward's income?  **Yes**  **No**

If **Yes**, describe: \_\_\_\_\_

\_\_\_\_\_

**C.** If applicable, identify the representative payee for Social Security and other income benefits.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please indicate which accounts and items you have control or possession of:**

**Bank Accounts**

Financial Institution's Name	Account's Last 4 Numbers	Current Value
		\$

**Investment or Retirement Accounts**

Financial Institution's Name	Account's Last 4 Numbers	Current Value
		\$

**Real Estate:** Address: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_

**Personal Property** (for example, vehicles, jewelry, collectibles, art . . . .)

Description	Current Value
	\$
	\$
	\$

**Debts/Liabilities:**

Creditor	Amount Owed
	\$

	\$
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<b>SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD</b>		
Beginning balance of all bank accounts (checking, savings, etc.)	\$	
<b>Income</b>		
Plus money received (Social Security, SSI, disability, per capita payments, interest, pension/retirement funds, etc.) from <u>any</u> source on behalf of the Ward	+\$	
<b>Expenses</b>		
Less total fees paid to care providers	-\$	
Less total amount paid to Ward (for example, for personal needs)	-\$	
Less total fees paid to Guardian(s)	-\$	
Less any other expenses or fees (housing, insurance, maintenance, bank fees, etc.)	-\$	
<b>Ending balance of all bank accounts</b>	\$	

**You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of your appointment. The Court or the Ward may request copies at any time.**

Copies of the following documents relating to the Ward's finances must be filed with this Guardian's Report: monthly bank statements for the reporting period and the most recent federal and state tax returns filed on behalf of the Ward (if any).

- By checking this box, I am acknowledging that I have attached to this Guardian's Report the **monthly bank statements** for each of the Ward's accounts that I have control and authority over for this reporting period.
- By checking this box, I am acknowledging that I have attached to this Guardian's Report copies of **receipts for expenditures** made on the Ward's behalf from account(s) that I have control and authority over for this reporting period.
- By checking this box, I am acknowledging that I have attached the **most recent federal and state tax returns** filed on behalf of the Ward.
- By checking this box, I am certifying that the Ward received **insufficient income** to require the filing of federal and state income tax returns.

## VERIFICATION

I declare under penalty of perjury that the information provided in this Guardian's Report is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(date) (month) (year)

at \_\_\_\_\_, \_\_\_\_\_.  
(Town, city or other location) (State)

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Co-Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Co-Guardian's Signature

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## CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_, a copy of this Guardian's Annual Report (Adult) was  
(date)  
served as follows on:

Name and Address	Relationship to Ward	Manner of Service*
	Ward	

\*Insert one of the following: hand delivery, first-class mail, certified mail, email, or fax.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature