

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

IN THE COURT OF CENTRAL JURISDICTION

In the Matter of the Guardianship of:

Case File No. _____

Minor Child

**GUARDIAN'S ANNUAL REPORT
(MINOR)**

Minor Child's Date of Birth: _____
(MM/DD/YYYY)

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:

You are required to complete a Guardianship Report every year on behalf of the Minor. If you are guardian to more than one minor, a report must be filed for each minor. 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.

I. CONTACT INFORMATION

Minor's Information: Check if updated from last report

Name:		Age:
Enrolled Mille Lacs Band Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: ()
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 Minor:		
Occupation:		
Phone: ()		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:
Have you had any criminal charges filed or convictions entered against you during this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, explain:		

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

Name:		Date of Birth:
Relationship to Minor:		
Occupation:		
Phone: ()		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:
Have you had any criminal charges filed or convictions entered against you during this reporting period? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:		

If the Minor 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:	ResidenceType:
Facility Name:	
Residence Address:	
Reason for Change:	

II. 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.

D. The Minor's care and living situation is Very Good Good Adequate Poor

E. Do you believe the current plan for care is in the Minor's best interest? Yes No

If No, describe your recommended changes:

D. Who currently provides the majority of the Minor's supervision or care on a daily basis?

Name: _____

Phone Number: _____

III. PERSONAL CARE AND OTHER ISSUES

A. Date of Minor's last medical exam: _____ Dental exam: _____

Eye exam: _____

B. Are the Minor's immunizations current? **Yes** **No**

If **No**, explain: _____

C. Is the Minor covered under health and/or dental insurance? **Yes** **No**

If **Yes**, describe coverage. If **No**, explain efforts to obtain coverage.

D. Please describe any therapy or counseling services provided to the Minor:

E. Please describe any medical services provided to the Minor:

F. Please describe any other services provided to the Minor:

G. Identify any special needs of the Minor during this reporting period.

H. Has the Minor's physical and medical condition changed since the last report? **Yes** **No**

If **Yes**, explain: _____

I. Identify any significant events involving the Minor since the last report, for example, special awards or recognition.

J. Has the Minor been involved in a juvenile delinquency case or any other type of court action?

Yes **No** If **Yes**, in which County or Tribal Court? _____

List the juvenile offense(s) the Minor is charged with: _____

K. Does the Minor have any behavioral issues? **Yes** **No** If **Yes**, describe the nature of the behavioral issues and any treatment the Minor is receiving to help with the issues.

L. If the Minor is not of school age, is the child on track developmentally for her or his age? If not on track, explain why not, list the child's doctor's concerns, and provide detail about the steps taken to help the child.

M. Does the Minor have any contact with the parents, siblings or other relatives? **Yes** **No**

Briefly describe the visits: visiting person's name, frequency and length of visits, and date of last visit. If no visits, briefly describe why not.

IV. EDUCATION AND EXTRACURRICULAR ACTIVITIES

A. Is the Minor attending school? **Yes** **No**

If **Yes**, complete the information below.

Name of School _____ Current Grade: _____

Address: _____

Phone No: _____

Minor's grades are: Excellent Average Below Average

If **Below Average** explain why: _____

If **No**, explain why the Minor (if between ages 6 and 16) is not attending school:

B. Does the Minor have an Individualized Learning Plan (IEP)? **Yes** **No**

If **Yes**, what date was the IEP put in place or last updated? _____

C. Describe any educational services provided to the Minor:

D. If the Minor is old enough, does he or she have a job? **Yes** **No** Please describe.

E. Identify a few of the Minor's goals, accomplishments (such as earning a driver's licence), and any extracurricular activities during the reporting period:

V. FINANCIAL MATTERS

Complete this section only if there is no separate conservatorship and the guardian has custody of funds.

A. Does the Minor own any property? **Yes** **No**

B. Do you have possession or control over the Minor’s assets, for example, property (real estate and personal property items) and/or financial accounts? **Yes** **No**

If **Yes**, please describe the type of property and approximate value of the property: _____

C. Do you have control of the Minor’s income? **Yes** **No**

If **Yes**, please describe: _____

D. Do you or the Minor receive any financial support from the biological parents or other family members? **Yes** **No** If **Yes** and there is a current child support order, please provide the name of the court or agency, case number, monthly amount, date of the most recent order and payments status.

Court/Agency	State	Current Order Date	Monthly Amount	Payment Status (on time, late)
			\$	

E. Does the Minor receive Minnesota Northstar Care for Children Benefits? **Yes** **No**

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

Name: _____ Phone Number: _____

G. Have any fees been paid to you in your role as guardian? **Yes** **No**

If **Yes**, describe: _____

H. Have any fees been paid to others to care for the Minor or his or her property? **Yes** **No**

If **Yes**, describe: _____

Please indicate which Minor’s accounts you have control or possession of:

Bank Accounts

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

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

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

Copies of the following documents relating to the Minor’s finances must be filed with this Guardian’s Report: monthly bank statements for Minor’s accounts for the reporting period. and the most recent federal and state tax returns filed on behalf of the Minor (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 Minor’s accounts or accounts that are maintained to collect Minor’s income (or income received on behalf of Minor) and pay Minor’s expenses that I have control and authority over for this reporting period.

By checking this box, I am certifying that the Minor has no bank accounts and no bank accounts are maintained to collect income received on behalf of Minor and to pay Minor’s expenses.

VERIFICATION

I declare under penalty of perjury that the information provided in this Guardian's Annual Report (Minor) 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

CERTIFICATE OF SERVICE

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

Name and Address	Relationship to Minor Child	Manner of Service*

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

Printed Name

Signature