
Name

Mailing Address

City, State Zip Code

Phone Number

Email

GUARDIAN

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

IN RE INTEREST OF: _____ Minor Child(ren). UPON THE PETITION OF: _____ Petitioner(s) AND CONCERNING: _____ Respondent(s)	Cause No. _____ GUARDIANSHIP REPORT-MINOR
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Instructions to Guardian: You have been ordered to complete a Guardian’s Report every year on behalf of the MINOR. When answering the questions in this report, you are required to provide details. Answers such as “same as last year” or “no change since last report” are not acceptable answers. Your report may be rejected with those answers.

If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put “N/A” (not applicable).

Current Reporting Period From _____ **To** _____
(MM/DD/YYYY) (MM/DD/YYYY)
(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

I. CONTACT INFORMATION

1. **Minor Child’s Information:** Check if Updated Information from last Report
Full name: _____
Date of Birth/Age: _____
Street Address: _____

Mailing Address (if different): _____
Primary Phone: _____

2. **Guardian's Information:** Check if Updated Information from last Report

Full name: _____
Date of Birth/Age: _____
Street Address: _____
Mailing Address (if different): _____
Email: _____
Primary Phone: _____
Occupation: _____
Your relationship to Minor: _____

Have you had any criminal charges filed against you or convictions entered since the last report? Yes No
If yes, explain: _____

II. STATUS INFORMATION

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you recommend that the guardianship continue?
If No , explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 2. Do you recommend any changes to the guardianship?
If Yes , explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |
| 3. Do you wish to remain guardian?
If No , explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| _____ | | |

NOTE: If you wish to terminate this guardianship or modify by replacing the guardian or adding a co-guardian, you must file a separate petition with the court.

4. The minor's care and living situation is: Very Good Good Adequate Poor
5. Do you believe the current plan for care is in the minor's best interest? Yes No
If **No**, describe your recommended changes:

6. Who currently provides the majority of the Minor's supervision or care and treatment on a daily basis?
Name: _____
Primary Phone: _____ Alternate Phone: _____

7. Has the minor's residence changed since the last report? Yes No

If Yes, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

III. PESONAL CARE AND OTHER ISSUES

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

2. Are the Minor's immunizations current? Yes No

If No, explain:

3. Is the minor covered under health or dental insurance? Yes No

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

4. Describe any counseling services provided to the minor.

5. Describe any other services provided to the minor.

6. Describe any medical services provided to the minor.

7. Identify any special needs of the minor during this reporting period.

8. Has the minor's physical and medical condition changed since the last report? If yes, explain:

9. Identify any significant events involving the minor since the last report, e.g. special awards or recognition.

10. Has the minor been involved in a juvenile delinquency case or any other type of court action? Yes No

If Yes, explain: _____

11. If the minor child is not of school age, identify the stages of development for the minor

12. 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.

13. If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to if the child developed his or her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times. Include if the child is not rack developmentally for his or her age and if not on track, explain why not and the steps taken to help the child.

14. Does the minor have any contact with his/her parents or other family members?

Yes No

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

IV. EDUCATION, CULTURAL, and EXTRACURRICULAR ACTIVITIES

1. Is the minor child attending school: Yes No

If Yes, complete the information below: If no, please be sure to answer question in Section V.

Name of School: _____ Current Grade Level: ____

Address: _____

Phone No: _____ Minor's grades are: Excellent Average

Below Average

If below average, explain why.

2. If the minor is old enough, does he or she have a job? Yes No

Describe. _____

3. Describe the educational services provided to the minor.

4. Identify any cultural activities, events or other involvement that the minor has had during this reporting period.

5. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.

V. FINANCIAL MATTERS

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

1. Does the minor own property? Yes No

2. Do you have possession or control of the minor’s assets, e.g. property (real estate and personal items), financial accounts? Yes No
 If Yes, describe the type of property, location, and approximate value:

3. Do you have control of the minor’s income? Yes No
 If Yes, explain the source of the minor’s income:

4. Have you or the minor receive financial support from the biological parents or other family members during this reporting period? Yes No
 If Yes, explain each person that gives financial support:

5. If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

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

7. Have any fees been paid to you in your role as guardian? Yes No
 If Yes, describe:

8. Have any fees been paid to others for the care of the minor or his or her property?
Yes No

If Yes, describe:

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus monies received (social security, pension beneficiary, child support, interest, etc.) from any source on behalf of the person	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Minor, e.g. personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g. housing, insurance, maintenance	-\$	
Ending balance of bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The court or any interested persons as identified in the Order Appointing Guardian may request copies at any time.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: _____