

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Minor Child Incapacitated Person

STATUS REPORT

As Guardian, I make this Report concerning the current status of _____, the Protected Person in these proceedings. 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.)

D. EDUCATIONAL ACTIVITIES:

School: _____

Grade in School: _____

Grade Average: _____

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

E. DISCIPLINE:

Home:

School:

F. ACTIVITIES:

Home:

School:

Other:

(Detail the 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.

/s/ _____
Signature

Date

Printed Name

Email Address