

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

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

\_\_\_\_\_  
Address  *check if new*