Rule 7.11 — Form 2: Initial/Annual/Final Report of Guardian

- Let *filing electronically, you must provide any protected information in full on form 6, according to Division VI of Chapter 16 of the Iowa Court Rules.*
- If filing in paper, you may use form 6 to provide any protected information in full.

	In the Iowa District Court fo	or County				
In the Matter of the Guardianship of: Full name: first, middle, last If the Ward is a minor, use initials only Ward.		Probate no. Check one Initial Annual Final Report of Guardian				
The	e undersigned duly appointed and qualified G	uardian states as follows:				
1.	This Report is for the period from:/					
2.	The current mental and physical condition of the Ward is:					
3.	Check this box if you have attached a sheet with additional information. The present living arrangement of the Ward, including a description of each residence where the Ward has resided and with whom during the reporting period is:					
	Check this box if you have attached a sheet with	additional information.				
 The following is a summary of the medical, educational, vocational, and other proservices provided for the Ward: 						
	Check this box if you have attached a sheet with	additional information				
5.		an's visits with and activities on behalf of the				

Check this box if you have attached a sheet with additional information.

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6.	The Ward's year of birth is: On Initial Report only						
7.	The Ward is: 🗌 single. 🔲 married. 🔲 divorced.						
8.	Is the Ward a minor?						
	If the Ward is a minor, names and addresses of parents:						
	Name of parent	Street address	City	State	ZIP code		
	Name of parent	Street address	City	State	ZIP code		
9.	Guardianship is recommended to be:						
	Check this box if you have attached a sheet with additional information.						
10.	Other information the court requested that is useful in the opinion of the Guardian:						
	Check this box if you have attached a sheet with additional information.						
11.	Have final court costs been paid? Yes No						
12.	Oath and Signature						
	I,, have read this Report, and I certify under penalty						
	Print Guardian's name						
	of perjury and pursuant to the laws of the State of Iowa that the information I have provided						
	in this Report is true and correct.						
		20					
	Month Day	y Year Gud	ardian's signature*				
	Mailing address		City	State	ZIP code		
	()						
	Phone number	Email address	s	Additional email a	ddress, if applicable		
	* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing						

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.