

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

Docket No. \_\_\_\_\_

DISTRICT COURT

Location: \_\_\_\_\_

Docket No. \_\_\_\_\_

IN RE: \_\_\_\_\_  
(Minor Name)

STATUS REPORT OF THE  
GUARDIAN OF MINOR  
18-C M.R.S. § 5-207(3)

Guardianship of the above-named minor was granted on \_\_\_\_\_. As required by the Court's order, the guardian submits the following report on the status of the minor.

1. **PRESENT AGE OF MINOR:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

2. **CURRENT ADDRESS OF MINOR.**

Minor has been at this address since: \_\_\_\_\_

3. **MINOR'S MENTAL AND PHYSICAL HEALTH.**

Since the last information reported to the court:

the minor's mental health has:

- remained about the same.
- improved. Describe: \_\_\_\_\_
- deteriorated. Describe: \_\_\_\_\_

the minor's physical health has:

- remained about the same.
- improved. Describe: \_\_\_\_\_
- deteriorated. Describe: \_\_\_\_\_

the minor has been treated or evaluated by the following:

- Physician. Name, address, and phone number: \_\_\_\_\_
- Counselor. Name, address and phone number: \_\_\_\_\_
- Case Worker. Name, address, and phone number: \_\_\_\_\_
- Dentist. Name, address, and phone number: \_\_\_\_\_
- Other: \_\_\_\_\_ . Name, address, and phone number: \_\_\_\_\_

the minor has participated in the following services: \_\_\_\_\_

**4. MINOR'S EDUCATION.**

Name, address, and phone number of minor's current school, day care, or other early education program:

\_\_\_\_\_

Minor's grade level: \_\_\_\_\_

Minor's educational achievements: \_\_\_\_\_

Minor's educational needs: \_\_\_\_\_

Are those needs being met?  Yes  No, explain: \_\_\_\_\_

\_\_\_\_\_

**5. PARENTAL INFORMATION.**

If known, provide the names, addresses, and phone of the minor's parents:

	Legal Parent 1	Legal Parent 2	Legal Parent 3 (if applicable)
Name			
Address			
Phone			

Has the minor had contact with the parent(s)?  Yes  No. If yes, provide information on the frequency and duration of the contact, and whether the contact was supervised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have the parents been involved in decision making for the minor?  Yes  No. Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have the parents been providing financial support for the minor?  Yes  No. Explain:

\_\_\_\_\_

**6. GUARDIAN'S RESPONSIBILITIES AND DUTIES.**

Detail specific responsibilities and duties ordered by the court and how you have carried out those responsibilities and duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. ACCOUNTING OF FUNDS.**

Provide the following information on any funds received on behalf of the minor since the last information reported to the court:

Amount	Source of funds	Purpose of funds

*Please attach an additional page if necessary.*

**8. OTHER INFORMATION ABOUT MINOR.**

Detail the minor’s strengths, challenges, any other areas of concern and any other information the guardian wishes the court to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. CONCLUSIONS AND RECOMMENDATIONS.**

The guardian hereby provides the following conclusions and recommendations, with supporting reasons, as to whether the guardianship order should be continued, modified, or terminated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach an additional page if necessary.*

I/We, \_\_\_\_\_, state this is an accurate statement of the minor’s well-being and care since the last information reported to the court.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Signature of co-guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email