

STATE OF INDIANA

IN THE MARSHALL CIRCUIT COURT

COUNTY OF MARSHALL

CALENDAR TERM

In Re the Guardianship of:

CAUSE NO:

50C01- - GU -

(name)

An Incapacitated Person

BIENNIAL REPORT OF GUARDIAN

_____, guardian, under the penalties of perjury, affirms that the following representations are true:

1. Petitioner was appointed as guardian of _____ on the _____ day of _____, 20_____. The ward was _____ years of age at the time of the guardian's appointment. The ward resides at _____, Indiana.
2. *(If applicable)* At the time the guardianship was established, the ward was the owner of property with a value of \$_____. The ward has income consisting of: _____
3. The financial institution where the ward's account is held is _____ in _____, Indiana and the value of the ward's funds at this time is \$_____. Attached is a copy of the most recent account statement with the account numbers redacted as well as an itemization for all funds expended since the last report.
4. As guardian, I understand that the ward's property and income cannot be spent without being fully accounted for to the Court.

The guardian requests that the Court approve this report and order any additional just and proper relief in the premises.

Date

Guardian's Signature