

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 FOR
MINOR**

_____, guardian of the minor, 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 minor was _____ years of age at the time of the guardian's appointment. The guardian and the child reside at _____, Indiana.
2. The child is presently enrolled at _____ School located in _____, Indiana and is in the _____ grade.
3. *(If applicable)* At the time the guardianship was established, the child was the recipient of funds which were placed in a restricted account. The amount of funds received by the minor and placed in the restricted account was \$_____. The financial institution where the restricted account is held is _____, in _____, Indiana and the value of the minor's funds at this time is \$_____. Attached is a copy of the most recent account statement with the account numbers redacted.
4. As guardian, I understand that the minor's funds cannot be withdrawn or spent without this Court's prior written approval.

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

Date

Guardian's Signature