

**IN THE CIRCUIT COURT OF CASS COUNTY, MISSOURI
PROBATE DIVISION**

_____, Incapacitated/Disabled

Case No. _____

CO-GUARDIAN'S ANNUAL STATUS REPORT

We, _____, Co-Guardians of the above named ward submit the following information as required pursuant to the provisions of Section 475.082 RSMo.

1. The present facility, address, and phone number of the ward is:

2. We have had contact with the ward daily; weekly; monthly; other; as follows:

3. The nature and description of our contacts with the ward (whether by phone or in person):

4. Date we last saw the ward was: _____

5. Activities we have planned/participated in on the ward's behalf:

6. Explain the ways in which the ward has participated in the decision-making process with regard to his/her treatment, activities, etc:

7. The ward is is not currently institutionalized in: _____

8. We have have not received a copy of the treatment or habilitation plan dated: _____
If you have received a copy of the treatment or habilitation plan, it must be filed with this status report.
Do you agree with the provisions of the treatment/habilitation plan? YES NO

9. The date the ward was last seen by a physician or other professional was _____ and the purpose was:

10. Explain the current mental and physical condition of the ward and any changes you have observed in the physical and mental condition of the ward since your last report (if none, so state):

11. We feel that the continuation of the guardianship is is not needed for the following reasons:

12. We feel that the powers granted to us should be increased decreased for the following reasons:

13. Provide a detailed summary of the plan for the coming year with regard to treatment, activities, assistance needed, etc. (If an individual support or treatment plan is available, such plan must be attached to this Status Report):

14. You **MUST** list two people who do not live with you, who will know how to contact you and the Ward at all times.

Name

Street Address

City, State, Zip Code

Telephone Number

Relationship to you

Name

Street Address

City, State, Zip Code

Telephone Number

Relationship to you

ADDITIONAL COMMENTS:

You are under a duty to notify the Court immediately if there are any substantial changes in the Ward's wellbeing, the Ward's address, your address or telephone number, and if the Ward passes away.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO OUR BEST KNOWLEDGE AND BELIEF. WE UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING FALSE AFFIDAVIT OR DECLARATION.

Signed this ____ day of _____, 20__.

Signed this ____ day of _____, 20__

Signature of Co-Guardian

Print Name of Co-Guardian

Street Address

City, State, Zip Code

Telephone Number

Email Address

Signature of Co-Guardian

Print Name of Co-Guardian

Street Address

City, State, Zip Code

Telephone Number

Email Address

Return to:
Cass County Circuit Court
ATTENTION: Probate
2501 W. Mechanic
Harrisonville, Mo 64701
816-380-8217