

In the Iowa Supreme Court

**In the Matter of Adopting
Amendments to the Chapter 7 and
8 Rules and Court Forms
Regarding Confidential Filings,
Guardian Transition Reports, and
the Minor Guardianship Protected
Information Form****Order**

On September 8, 2025, the court issued an order adopting amendments to chapter 7 and chapter 8 rules and court forms governing guardianships and conservatorships. That order strengthened the court's oversight of adult and minor guardianships and conservatorships by tightening clerk delinquency-reporting obligations and identifying filings that may not be waived. The order also adopted court-prescribed forms that guardians, regardless of attorney representation, must use and designated the guardian background-check information form as confidential. New and revised oath, background-check information, initial care plan, annual report, and final report forms were also adopted.

Building on those revisions, the court now adopts further rule and form revisions in three areas: (1) confidentiality of certain adult guardianship and conservatorship filings, with controlled access through court-approved request forms; (2) standardized transition report forms for outgoing guardians in adult and minor guardianships; and (3) re-adoption of an updated protected information disclosure form for minor guardianships.

I. Amendments.

The court adopts the following rule and form revisions.

A. Confidential Filings in Adult Guardianship and Conservatorship Cases.

Filings made by guardians and conservators routinely contain sensitive personal, medical, and financial information about protected persons and their families. Open public access to these filings can put protected persons at risk and discourage honest reporting in the documents the courts rely on to oversee

guardians and conservators. To address these concerns while preserving the access the law allows for interested persons, the court adopts new amendments to chapter 7 establishing parallel rules that designate as confidential the background-check information, plan, inventory, and report forms made in adult guardianship and all conservatorship proceedings.

Both rules use the same controlled-access process. A person may request a copy of a confidential plan, inventory, or report form by filing the request form the rule provides. A granted request entitles the requester to a single copy of the filing or filings specifically identified in the request but does not confer party status, grant participation rights, or entitle the requester to any future filings—a person seeking continuing access must file a motion to intervene under the Iowa Rules of Civil Procedure. Under the new rules, the clerk of court releases the requested filing without a court order if the requester is named in the petition under Iowa Code section 633.556(5) or (6), or would have been entitled to notice under section 633.556(9) at the time the petition was filed. The clerk forwards all other requests to the court for an order granting or denying the request.

B. Transition Report Forms.

To ensure that care continues without disruption when one guardian replaces another, the court adopts two new transition report forms, one for adult guardianships and one for minor guardianships, for use upon a guardian's resignation.

Both forms are mandatory for all guardians, regardless of whether the guardian is represented by counsel. The forms are designed to provide the court and the successor guardian with a complete and current picture of the protected person's situation at the time of the outgoing guardian's resignation, so the court can continue effective oversight and the new guardian can take over without gaps in the protected person's care.

C. Re-Adoption of Protected Information Disclosure Form for Minor Guardianships.

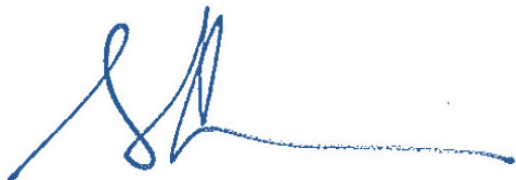
The court re-adopts, with updates, the chapter 8 protected information form. This form was removed from the chapter 8 forms in the court's September 8, 2025 order; on further review, the court has determined that the form serves an essential function in minor guardianship proceedings and should be restored.

II. Order.

The rule amendments and forms filed with this order are effective September 7, 2026. Pursuant to Iowa Code section 602.4202, these rules and forms are subject to a sixty-day review period by the Iowa Legislative Council, during which the council may, by majority vote, delay the effective date as provided under the statute. If no delay is approved, the rules and forms take effect as ordered.

Dated this 7th day of July 2026.

The Iowa Supreme Court

By: 

Susan Larson Christensen, Chief Justice

CHAPTER 7

RULES OF PROBATE PROCEDURE

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Rule 7.11 Adult guardianships: required forms and confidential filings.

7.11(1) *Forms mandatory.* An individual serving as guardian for an adult guardianship must use forms contained in this rule for required filings.

7.11(2) *Background check form confidential.* Rule 7.11—Form 2: *Background Check Information for a Proposed Guardian of a Protected Person* is confidential.

7.11(3) *Guardian care plan and reports confidential.* Rule 7.11—Form 3: *Guardian's Initial Care Plan for Protected Person*, Rule 7.11—Form 4: *Guardian's Annual Report for Protected Person*, Rule 7.11—Form 5: *Guardian's Final Report for Protected Person*, and Rule 7.11—Form 7: *Former Guardian's Transition Report for Protected Person* are confidential, except as otherwise provided by statute, the Iowa Court Rules, or the procedures set forth in this rule.

a. Request for copy. Any person may request a copy of an initial care plan, annual report, or final report filed in a guardianship by filing Rule 7.11—Form 8: *Request for Copy of Guardianship Care Plan or Report*.

b. Limited access. A granted request entitles the requester to a single copy of the filing or filings specifically identified in the submitted form. It does not confer party status or participation rights and does not entitle the requester to any future filings.

c. Continued access. A person who seeks continuing access to future filings must file a motion to intervene under the Iowa Rules of Civil Procedure governing intervention.

d. Release authority. The clerk of court shall release the requested filing without a court order if the requester is named in the guardianship petition under Iowa Code section 633.556(5) or (6), or would have been entitled to notice under section 633.556(9) at the time the petition was filed. Otherwise, the clerk of court shall forward the request to the court for entry of an order granting or denying the request.

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Rule 7.12 Conservatorships; forms mandatory for self-represented litigants; confidential filings.

7.12(1) *Forms mandatory for self-represented conservators.* An individual serving as conservator for a conservatorship without attorney representation

must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

7.12(2) Background check information confidential. A filing submitted to the court pursuant to Iowa Code section 633.564, including Rule 7.12—Form 2: *Background Check Information for a Proposed Conservator of a Protected Person*, is confidential.

7.12(3) Confidentiality of conservatorship plans, inventories, and reports.

a. Conservator's conservatorship plan, inventory, and reports are confidential. The following filings are confidential, except as otherwise provided by statute, the Iowa Court Rules, or the procedures set forth in this rule:

(1) A conservatorship plan filed pursuant to Iowa Code section 633.670(1), including Rule 7.12—Form 5: *Conservator's Initial Plan or Amended Plan*.

(2) An inventory of the protected person's assets filed pursuant to Iowa Code section 633.670(2), including Rule 7.12—Form 6: *Inventory of Assets of Protected Person*.

(3) An annual report filed pursuant to Iowa Code section 633.670(3), including Rule 7.12—Form 7: *Conservator's Annual Report*.

(4) A final report filed pursuant to Iowa Code section 633.670(4), including Rule 7.12—Form 8: *Conservator's Final Report*.

b. Request for copy. Any person may request a copy of a conservatorship plan, inventory, or annual or final report filed in a conservatorship by filing Rule 7.12—Form 11: *Request for Copy of Conservatorship Plan, Inventory, or Report*.

c. Limited access. A granted request entitles the requester to a single copy of the filing or filings specifically identified in the submitted form. It does not confer party status or participation rights and does not entitle the requester to any future filings.

d. Continued access. A person who seeks continuing access to future filings must file a motion to intervene under the Iowa Rules of Civil Procedure governing intervention.

e. Release authority. The clerk of court shall release the requested filing without a court order if the requester is named in the conservatorship petition under Iowa Code section 633.556(5) or (6), or would have been entitled to notice under section 633.556(9) at the time the petition was filed. Otherwise, the clerk of court shall forward the request to the court for entry of an order granting or denying the request.



Rule 7.11—Form 7: *Former Guardian's Transition Report for Protected Person*

Instructions:

- All appointed guardians must sign this form.
- The purpose of this form is to provide the court and the successor guardian with a complete and current picture of the protected person's situation at the time of the guardian's resignation. Provide detailed and specific information about the protected person's status and any developments during the reporting period. Do not use statements such as "same as last report" or "no change since last report." Be as specific as possible about recent information.
- Do not include protected information on this form. To provide protected information, complete Rule 7.11—Form 1: *Protected Information Disclosure*.

If you do not understand how to use this form or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

In the Matter of the Guardianship of

_____,
Full name: first, middle, last

Protected Person.

Probate no. _____

Former Guardian's Transition Report for Protected Person

(RPOT)

⚠ NOTE

You may use this form only if the Court directs you to do so, and you must file the form within the time set by the Court. Until the Court approves your withdrawal and enters a written order removing you as the guardian for the protected person, you must continue performing all guardianship duties.

Former Guardian states as follows:

1. Reporting period

The end date should be the date this report is signed or the date set by the court.

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Former Guardian information

A. Former Guardian's name: _____

B. Former Guardian's relationship to Protected Person:

(Spouse, adult child, parent, sibling, etc.)

⚠ *Skip to section 2(E) if there is only one guardian.*

C. Former Co-Guardian's name: _____

D. Former Co-Guardian's relationship to Protected Person:

(Spouse, adult child, parent, sibling, etc.)

☐ *Check this box if there are additional former co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*



- E. Identify an emergency contact who knows information about Protected Person and the guardianship, if any:

Name

(_____) _____
Phone Number

3. Protected Person's information

Protected Person's age: _____

4. Protected Person's residence and interaction with Former Guardian

- A. During the reporting period, Protected Person resided:

Check one

☐ With Former Guardian

☐ Independently in _____
City

☐ In a group or host home managed by:

_____ in _____
Organization name City

☐ In a hospital, nursing home, or other residential care facility:

_____ in _____
Organization name City

☐ Other: _____

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

- B. Date Protected Person began living at the residence identified in section 4(A), if known:

_____, _____
Month Day Year

- C. Explain whether Protected Person's current living situation meets Protected Person's needs and identify any changes anticipated or recommended for the near future:

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



- D. Summarize the nature and extent of Former Guardian's visits with, and activities on behalf of, Protected Person during the reporting period:

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

5. Protected Person's living expenses and income

- A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?

☐ Yes ☐ No



If No, skip to section 5(B)

Is Former Guardian the conservator?

☐ Yes ☐ No

Will Former Guardian remain the conservator?

☐ Yes ☐ No ☐ Unsure

If No, identify the person the Court has appointed or is considering appointing as conservator, if known; describe what steps have been taken toward that appointment and, if known, when the successor conservator is expected to begin their duties:

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



B. Provide the following information regarding Protected Person's living expenses:

⚠ Skip section 5(B) if you indicated that Protected Person is under a conservatorship in section 5(A).

(1) Identify the sources of payment for Protected Person's living expenses during the reporting period:

Check all that apply

☐ Protected Person paid their own living expenses

☐ Former Guardian

☐ Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person's:

Full name: first, middle, last

Relationship to Protected Person

(_____) _____
Phone number Email address

☐ Check this box if there is more than one family member paying Protected Person's expenses and provide the information requested for all additional payers on an attached sheet.

☐ Social Security benefits

Who is the payee?

☐ Former Guardian

☐ Other

If Other, identify the Social Security benefits payee:

Full name: first, middle, last

Relationship to Protected Person

(_____) _____
Phone number Email address

☐ Other: _____

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

(2) After Former Guardian resigns, identify whether any changes to the source or sources of payment for Protected Person's living expenses are expected, if known:

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



6. Protected Person's health

- A. Summarize Protected Person's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

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

- B. Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

- C. Summarize any other healthcare concerns related to Protected Person during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

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

- D. Did Protected Person receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Person received:

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



- E. Identify any health-related professional services that are already scheduled or that Former Guardian recommends the successor guardian arrange in the next 12 months (for example, upcoming appointments, needed evaluations, or recommended therapy):

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

7. Protected Person's employment status and education, training, or other vocational services received

- A. Was Protected Person employed during the reporting period?

☐ Yes ☐ No

 If No, skip to section 7(B)

- (1) Protected Person was employed:

Check one

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's name: _____

(3) Summarize Protected Person's work duties:

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

- B. Did Protected Person receive educational, training, or other vocational assistance during the reporting period?

☐ Yes ☐ No

If Yes, summarize the educational, training, or vocational assistance received:

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



8. Protected Person's social activities

Did Protected Person require assistance with participation in social activities during the reporting period?

☐ Yes ☐ No



If No, skip to section 9

Summarize what assistance Protected Person received, including assistance Former Guardian provided:

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

Summarize any assistance the successor guardian may need to provide to support Protected Person's participation in social activities:

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

9. Protected Person's contact with family members and other significant individuals

A. Briefly describe Protected Person's contact with family members and other individuals significant to Protected Person, if any, during the reporting period, identifying any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known:

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



- B. Did Former Guardian place any time, place, or manner restrictions on Protected Person's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

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

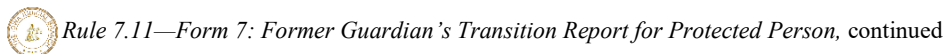
- C. If Former Guardian imposed any restrictions as described in section 9(B), explain whether those restrictions should continue after the successor guardian assumes duties and briefly explain why:

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

10. Resignation and transition

- A. Briefly explain why Former Guardian is withdrawing as Protected Person's guardian:

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



☐ Yes ☐ No

Full name: _____
First, middle, last

() _____
Phone number Email address

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- B. Identify any difficulties that Former Guardian had or ongoing difficulties that Protected Person is having with the guardianship and any potential need for assistance that Former Guardian would like to make the Court or successor guardian aware of:

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

- C. Additional information that Former Guardian believes would help the Court or the successor guardian determine what is in Protected Person's best interests:

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

12. Fees for Former Guardian *Check one*

- ☐ Former Guardian fees are waived.
- ☐ Former Guardian fees are applied for and will be submitted in a separate application.

13. Fees for Former Guardian's attorney *Check one*

- ☐ Attorney fees are waived or not applicable.
- ☐ Attorney fees should be set by the Court and will be submitted in a separate application.

14. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

Name of attorney or organization, if any

Business address of attorney or organization

_____, _____, _____
City State ZIP code

(_____) _____
Phone number

_____, _____
Email address Additional email address, if applicable



15. Oath and signature of Former Guardian

A. Former Guardian's oath and signature

I, _____, have read this Transition Report, and I certify under
Print your name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Transition Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Former Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Former Guardian's home address?

Street address

_____, _____, _____
City State ZIP code

B. Former Co-Guardian's oath and signature *Leave blank if there is only one guardian*

I, _____, have read this Transition Report, and I certify under
Print your name
penalty of perjury and pursuant to the laws of the State of Iowa that the information
provided in this Transition Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Former Guardian's in section 15(A)?

☐ Yes ☐ No

If No, complete the following:

Mailing address

_____, _____, _____
City State ZIP code

☐ Check this box if there are more than two guardians and provide the information requested in section 15(B) for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section 15(B).

**This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



In the Iowa District Court for _____ County

In the Matter of the Guardianship of

_____,
Full name: first, middle, last

Protected Person.

Probate no. _____

**Request for Copy of Guardianship
Care Plan or Report**

(OTOT or MOOT)

I, the undersigned, state to the court as follows:

1. Document or documents requested

I am requesting a copy of the following in the above-captioned guardianship:

Check all that apply

☐ Guardian's Initial Care Plan

☐ Guardian's most recently filed Annual Report

☐ Guardian's Annual Report filed _____

Year

☐ Guardian's Final Report

2. Relationship to Protected Person

Check the option that best describes your relationship to Protected Person:

Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult who provided primary care for or lived with Protected Person for 6+ months before the guardianship petition was filed

☐ Institution or facility where Protected Person resided for 6+ months before the guardianship petition was filed

☐ Legal representative or representative payee for Protected Person

☐ Attorney-in-fact (or healthcare agent or proxy) pursuant to a health care power of attorney (or medical power of attorney or healthcare proxy) for Protected Person

☐ Agent pursuant to a general power of attorney for financial or general matters for Protected Person

☐ None of the above, but I was identified as an interested person in the petition for appointment of guardian

☐ Other: _____



3. Reason for request

I am filing this request because:

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

4. Oath and signature

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name
of the State of Iowa that the information I have provided in this request for access is
true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____
City State ZIP code

(_____) _____
Phone number Email address

**This form may be signed either by using a digitized signature, see instructions at
<https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of _____, <i>Full name: first, middle, last</i> Protected Person.	Probate no. _____ Request for Copy of Conservatorship Plan, Inventory, or Report (MOOT)

I, the undersigned, state to the court as follows:

1. Document or documents requested

I am requesting a copy of the following in the above-captioned conservatorship:

Check all that apply

- ☐ Conservator's Initial Conservatorship Plan
- ☐ Conservator's Inventory
- ☐ Conservator's most recently filed Annual Report
- ☐ Conservator's Annual Report filed _____
Year
- ☐ Conservator's Final Report

2. Relationship to Protected Person

Check the option that best describes your relationship to Protected Person:

Check one

- ☐ Spouse
- ☐ Adult child
- ☐ Parent
- ☐ Adult who provided primary care for or lived with Protected Person for 6+ months before the conservatorship petition was filed
- ☐ Institution or facility where Protected Person resided for 6+ months before the conservatorship petition was filed
- ☐ Legal representative or representative payee for Protected Person
- ☐ Attorney-in-fact (or healthcare agent or proxy) pursuant to a health care power of attorney (or medical power of attorney or healthcare proxy) for Protected Person
- ☐ Agent pursuant to a general power of attorney for financial or general matters for Protected Person
- ☐ None of the above, but I was identified as an interested person in the petition for appointment of conservator



☐ Other: _____

3. Reason for request

I am filing this request because:

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

4. Oath and signature

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name
of the State of Iowa that the information I have provided in this request for access is
true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

**This form may be signed either by using a digitized signature, see instructions at
<https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



Rule 8.39—Form 7: *Former Guardian's Transition Report for Protected Minor*

Instructions:

- All appointed guardians must sign this form.
- The purpose of this form is to provide the court and the successor guardian with a complete and current picture of the protected minor's situation at the time of the guardian's resignation. Provide detailed and specific information about the protected minor's status and any developments during the reporting period. Do not use statements such as "same as last report" or "no change since last report." Be as specific as possible about recent information.

If you do not understand how to use this form or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County (Juvenile Division)	
In the Matter of the Guardianship of _____, <i>Full name: first, middle, last</i> Protected Minor.	Case no. _____ Former Guardian's Transition Report for Protected Minor (RPOT)

NOTE

You may use this form only if the Court directs you to do so, and you must file the form within the time set by the Court. Until the Court approves your withdrawal and enters a written order removing you as the guardian for the protected person, you must continue performing all guardianship duties.

Former Guardian states as follows:

1. Reporting period

The end date should be the date this report is signed or the date set by the court.

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Former Guardian information

A. Former Guardian's name: _____

B. Former Guardian's relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

 *Skip to section 2(E) if there is only one guardian.*

C. Former Co-Guardian's name: _____

D. Former Co-Guardian's relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

☐ *Check this box if there are additional former co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*



- E. Identify an emergency contact who knows information about Protected Minor and the guardianship, if any:

Name

(_____)_____
Phone Number

3. Protected Minor's information

Protected Minor's age: _____

4. Protected Minor's residence and interaction with Former Guardian

- A. During the reporting period, Protected Minor resided:

Check one

☐ With Former Guardian

☐ Other: _____

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

- B. Date Protected Minor began living at the residence identified in section 4(A), if known:

_____, _____
Month Day Year

- C. Explain whether Protected Minor's current living situation meets Protected Minor's needs and identify any changes anticipated or recommended for the near future:

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

- D. Summarize the nature and extent of Former Guardian's visits with, and activities on behalf of, Protected Minor during the reporting period:

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



5. Sources of payment for Protected Minor's living and other expenses

A. Has the Court appointed a conservator to manage the financial affairs of Protected Minor?

☐ Yes ☐ No

⚠ *If No, skip to section 5(B)*

Is Former Guardian the conservator?

☐ Yes ☐ No

Will Former Guardian remain the conservator?

☐ Yes ☐ No ☐ Unsure

If No, identify the person the Court has appointed or is considering appointing as conservator, if known; describe what steps have been taken toward that appointment and, if known, when the successor conservator is expected to begin their duties:

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

B. Provide the following information regarding Protected Minor's living and other expenses:

⚠ *Skip section 5(B) if you indicated that Protected Minor is under a conservatorship in section 5(A).*

(1) Identify the sources of payment for Protected Minor's living and other expenses during the reporting period:

Check all that apply

☐ Former Guardian

☐ Family member (parent or other relative—not including court-ordered child support)

If family member, identify that person's:

Full name: first, middle, last

Relationship to Protected Minor

(_____) _____

Phone number

Email address

☐ *Check this box if there is more than one family member paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

Continued on next page



☐ Social Security benefits (SSI, survivor benefits, etc.)

Who is the payee?

☐ Former Guardian

☐ Other

If Other, identify the Social Security benefits payee:

Full name: first, middle, last

Relationship to Protected Minor

(_____) _____
Phone number

Email address

☐ Child support

Payor information:

Full name: first, middle, last

(_____) _____
Phone number

Email address

☐ Check this box if there is more than one noncustodial parent paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.

☐ Other: _____

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

(2) After Former Guardian resigns, identify whether any changes to the source or sources of payment for Protected Minor's living expenses are expected, if known:

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



C. Has Former Guardian applied for any benefits or funds (SSI, Medicaid, SNAP, etc.) for Protected Minor before or during the reporting period?

☐ Yes ☐ No



If No, skip to section 6

(1) Identify what benefits or funds Former Guardian has applied for and approximately when the application for each was submitted.

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

(2) Identify which benefits or funds have been granted and approximately when they were granted.

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

(3) Describe how the funds were used for the support of Protected Minor.

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

6. Protected Minor's health

A. Summarize Protected Minor's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

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



- B. Summarize Protected Minor's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

- C. Summarize any other healthcare concerns related to Protected Minor during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

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

- D. Did Protected Minor receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Minor received:

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

- E. Identify any health-related professional services that are already scheduled or that Former Guardian recommends the successor guardian arrange in the next 12 months (for example, upcoming appointments, needed evaluations, or recommended therapy):

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



7. Protected Minor's educational status and other educational training or vocational services received

A. Protected Minor is:

Check one

☐ **Preschool age**

If you checked the above box, complete the next section.

Did Protected Minor receive services from a preschool educational program (e.g., Early Access or Head Start) during the reporting period?

☐ Yes ☐ No

If Yes, describe the services:

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

☐ **School age and enrolled in or attending school at:**

_____ in _____.
School name City

☐ **School age but not enrolled in or attending school.**

If you checked the above box, complete the next section.

Explain how Protected Minor's educational needs were met during the reporting period and identify any upcoming or additional educational needs, services, or actions the Court or successor guardian should be aware of:

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

B. Did Protected Minor receive special education or related services during the reporting period?

☐ Yes ☐ No

If Yes, describe the services:

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



C. Did Protected Minor receive any other educational training or vocational services during the reporting period?

☐ Yes ☐ No

If Yes, describe the services:

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

8. Protected Minor's communication with parents and other significant individuals

A. Briefly describe Protected Minor's communication with parents and other individuals significant to Protected Minor, if any, during the reporting period, identifying any such individuals, their relationship to Protected Minor, and the nature and frequency of contact, if known:

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

B. Did Former Guardian place any time, place, or manner restrictions on Protected Minor's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

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

- C. If Former Guardian imposed any restrictions as described in section 8(B), explain whether those restrictions should continue after the successor guardian assumes duties and briefly explain why:

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

9. Resignation and transition

- A. Briefly explain why Former Guardian is withdrawing as Protected Minor's guardian:

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

- B. After the Court approves the resignation, does Former Guardian intend to stay involved in Protected Minor's life in any way?

☐ Yes ☐ No

If Yes, please briefly describe how (for example, ongoing contact with Protected Minor, support role to successor guardian, etc.):

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

- C. If known, identify the person the Court has appointed or is considering appointing as successor guardian:

Full name: _____
First, middle, last

Relationship to Protected Minor:

(Spouse, adult child, parent, sibling, etc.)

Contact information:

(____) _____
Phone number Email address



- D. Identify any concerns, risks, or immediate issues Former Guardian believes the Court or the successor guardian should be aware of during the transition or shortly after the successor guardian assumes duties:

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

10. Additional information

- A. Identify any changes to Protected Minor's care plan that Former Guardian believes are necessary or would be helpful:

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

- B. Identify any difficulties that Former Guardian had or ongoing difficulties that Protected Minor is having with the guardianship and any potential need for assistance that Former Guardian would like to make the Court or successor guardian aware of:

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

- C. Additional information that Former Guardian believes would help the Court or the successor guardian determine what is in Protected Minor's best interests:

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



11. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

12. Oath and signature of Former Guardian

A. Former Guardian's oath and signature

I, _____, have read this Transition Report, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Transition Report is true and correct.

_____, 20_____
Month Day Year

*Signature**

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Is Former Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Former Guardian's home address?

Street address

City

State

ZIP code

**This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



B. Former Co-Guardian's oath and signature *Leave blank if there is only one guardian*

I, _____, have read this Transition Report, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information
provided in this Transition Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Former Guardian's in section 12(A)?

☐ Yes ☐ No

If No, complete the following:

Mailing address

City State ZIP code

- ☐ Check this box if there are more than two guardians and provide the information requested in section 12(B)
for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the
oath at the beginning of section 12(B).

**This form may be signed either by using a digitized signature, see instructions at
<https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



Rule 8.39—Form 8: *Protected Information Disclosure*

- If information is abbreviated on other rule 8.39 forms, use this form to include protected information in full.

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of:

Initials of Protected Minor

Protected Minor.

Case no. _____

Protected Information Disclosure

When protected information, as defined in Iowa Court Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party must record the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted or partially provided.

1. Protected Minor. *The minor who is the subject of the guardianship.*

Provide the complete version of protected information and the redacted version included in documents you file.

Name _____
First Middle Last

Protected information type	Complete information <i>See rules 16.602 and 16.604</i>	Redacted information <i>See rule 16.605</i>
A. Protected Minor's full name	<i>Full name</i>	<i>Initials only</i>
B. Social Security number	- -	<i>Last four digits only</i>
C. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
D. Personal identification numbers (if no Social Security number)	<i>Full number</i>	<i>Partial only</i>

Continued on next page



E. Other unique identifying numbers		
	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Protected Minor.

2. Parent. *The parent of the minor who is the subject of the guardianship.*

Provide the complete version of protected information and the redacted version included in documents you file.

Name _____
 First *Middle* *Last*

Protected information type	Complete information <i>See rules 16.602 and 16.604</i>	Redacted information <i>See rule 16.605</i>
A. Social Security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no Social Security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Continued on next page



G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Parent.

3. Additional Parent. *The other parent, if applicable, of the minor who is the subject of the guardianship.*

Provide the complete version of protected information and the redacted version included in documents you file.

Name _____
 First *Middle* *Last*

Protected information type	Complete information <i>See rules 16.602 and 16.604</i>	Redacted information <i>See rule 16.605</i>
A. Social Security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no Social Security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Continued on next page



I.		
<i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Additional Parent.

4. Proposed Guardian or Guardian. *The proposed, or current, guardian of the protected minor.*

Provide the complete version of protected information and the redacted version included in documents you file.

Name _____
 First *Middle* *Last*

Protected information type	Complete information <i>See rules 16.602 and 16.604</i>	Redacted information <i>See rule 16.605</i>
A. Social Security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no Social Security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F.		
<i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G.		
<i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H.		
<i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I.		
<i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Proposed Guardian or Guardian.



5. Information provided by:

Printed name

_____, 20____
*Month Day Year Signature**

Law firm, if applicable

Mailing address

_____, _____
City State ZIP code

(_____) _____
Phone number Email address