

In the Iowa Supreme Court**In the Matter of Adopting
Amendments to the Chapters 7
and 8 Rules and Court Forms****Order**

On May 1, 2019, Governor Kim Reynolds signed into law House File 591, an Act providing for juvenile court jurisdiction over minor guardianship proceedings. House File 591 added chapter 232D to the Iowa Code. Section 501 of chapter 232D required that minor guardians file initial care plans, annual reports, and final reports, and it specified the contents of the filings.

On the same day, the Governor signed into law House File 610, an Act relating to the opening and administration of adult guardianships and all conservatorships. House File 610 amended Iowa Code chapter 633 and likewise required that adult guardians file initial care plans, annual reports, and final reports under section 633.669.

To implement these legislative directives, the Iowa Supreme Court created standardized court forms for guardians and conservators in December 2019. The forms were required to be used by self-represented guardians and conservators but were optional for those with attorney representation.

On April 10, 2024, the Governor signed Senate File 295, further amending provisions on guardianships and conservatorships. Among other changes, Senate File 295 required additional reporting items in guardianship care plans and annual reports and created a new subsection in chapter 232D addressing delinquent filings.

In light of these statutory amendments, the court has revised rules and forms to ensure compliance with the requirements enacted by the Iowa General Assembly and signed by the Governor.

I. Rule Revisions

The court adopts the following rule revisions:

- Iowa Rules of Probate Procedure 7.6 and 7.8 regarding conservatorship and adult guardianship plans and reports have been updated to reflect current statutory terminology and requirements.
- Iowa Rules of Juvenile Procedure 8.37 and 8.38 have been added to address minor guardianships. These rules mirror rules 7.6 and 7.8 with modifications necessary for juvenile proceedings.
- Iowa Rule of Juvenile Procedure 8.1 has been amended to clarify that subpoenas in juvenile court cases are governed by Iowa Rule of Civil Procedure 1.1701.

II. Court Form Revisions

A. Court Forms Mandatory for All Guardianships

To ensure uniformity and legislative compliance, the court now requires all guardians—whether represented by counsel or self-represented—to use the court-prescribed guardianship court forms. This requirement implements Iowa Code sections 232D.501(2) and 633.669(2), which direct that “[t]he judicial branch shall prescribe the forms” and “[t]he court shall develop a simplified uniform reporting form.” The court-prescribed forms will be mandatory for all guardians as of this order’s effective date.

B. New and Revised Court Forms

The court adopts the following court form revisions:

- New oath forms for guardians and conservators have been created as required by Iowa Code sections 232D.403, 633.168, and 633.333.
- Background information forms required by Iowa Code sections 232D.307 and 633.564 have been updated.
- The initial care plan, annual report, and final report forms required under Iowa Code sections 232D.501 and 633.669 have been revised to incorporate the 2024 statutory amendments.

C. Court Form Development Process

In revising these court forms, the court consulted with:

- District Associate Judge Lynn Poschner, Polk County Juvenile Court, who regularly reviews minor guardianship reports—in total, the Polk County Juvenile Judges review approximately 1,200 minor guardianship reports per year.
- District Associate Judge Katie Ranes, Polk County Probate Court, who regularly reviews adult guardianship reports—in total, the Polk County Probate Judges review approximately 2,500 adult guardianship reports per year.
- Attorney Deanna Clingan-Fischer, Executive Director of the Guardianship Association of Iowa Network (GAIN), who works with self-represented guardians.
- Other judicial branch support staff who interact with guardians and review guardian reports.

These consultations guided the court in aligning the forms with statutory requirements and practical use, resulting in forms that:

- Fully reflect the statutory requirements adopted by the legislature.
- Are clear and manageable for guardians, many of whom are self-represented.
- Provide judges with the information necessary to carry out their oversight responsibilities.

The revisions also removed form elements included in the 2019 versions that were not required by the Iowa Code and that had proven burdensome for guardians without providing useful information to the courts.


III. Order

The rule amendments and forms filed with this order are effective November 10, 2025. 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 8th day of September 2025.

The Iowa Supreme Court

By: 

Susan Larson Christensen, Chief Justice

CHAPTER 7
RULES OF PROBATE PROCEDURE

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Rule 7.6 Reports of delinquent initial plans, inventories, or and reports.

7.6(1) The clerk's report to the presiding judge required by Iowa Code section 633.32, of all delinquent initial plans, inventories, or and reports in estates, trusts, conservatorships, and adult guardianships ~~or conservatorships~~ shall contain, in addition to the information required by Iowa Code section 633.32(3) for estates, trusts, and conservatorships, a copy of each delinquency notice and, if they do not appear on the face of the delinquency notice, the following information for each delinquent initial plan, inventory, or report:

- a. The probate number of the matter.
- b. The title of the matter.
- c. An indication of whether the matter is an estate, trust, guardianship, or conservatorship, or adult guardianship.
- d. The name and address of the fiduciary.
- e. The name and address of the attorney, if any, for the fiduciary.
- f. The type of delinquent initial plan, inventory, or report.
- g. The date notice of delinquency was given.
- h. A statement that the required initial plan, report or inventory, or report, or an order extending time for a specified period, was not filed within 60 days after the giving of notice of delinquency.
- i. The date the matter was opened.
- j. The name and date of filing of the last paper submission filed by the fiduciary or attorney and the date of filing such paper in the case.
- k. The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.

7.6(2) In addition to submitting the report to the presiding judge as required by Iowa Code section 633.32(2), The the clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator ~~in addition to the presiding judge as required by Iowa Code section 633.32(2)~~. If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.

7.6(3) The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

7.6(4) The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

7.6(5) The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

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Rule 7.8 ~~Guardian~~Adult guardianship and conservatorship required filings requirements.

7.8(1) The court shall not waive ~~any guardian~~the requirement to file an initial care plan, annual report, or final report in an adult guardianship proceeding.

7.8(2) The court shall not waive ~~any conservator~~the requirement to file ~~an inventory, annual report and accounting, or final report~~ an initial plan, inventory of assets of the protected person, annual report, or final report in a conservatorship proceeding.

7.8(3) The court may extend the time for submitting any ~~required filing of a guardian or conservator~~filing listed in rule 7.8(1) or 7.8(2) only upon the showing of good cause.

7.8(4) If a guardian fails to submit any filing listed in rule 7.8(1) or 7.8(2), the court may, after notice and an opportunity to cure the failure, impose sanctions, ~~Upon a failure of a guardian or conservator to make any required filing, and after notice and opportunity to cure the failure, the court may impose sanctions on the guardian or conservator~~ including removal of the guardian or conservator.

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Rule 7.11 Adult guardianships; forms ~~mandatory for self-represented litigants~~.

7.11(1) Forms mandatory. An individual serving as guardian for an adult guardianship ~~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.~~

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

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**CHAPTER 8
RULES OF JUVENILE PROCEDURE**

DISCOVERY AND NOTICE OF DEFENSES

Rule 8.1 Discovery, in general.

8.1(1) Scope of discovery. In order to provide adequate information for informed decision making and to expedite trials, minimize surprise, afford opportunity for effective cross-examination and meet the requirements of due process, discovery prior to trial and other judicial hearings should be as full and free as possible consistent with protection of persons and effectuation of the goals of the juvenile justice system.

8.1(2) Subpoenas in juvenile court cases. A subpoena issued in a juvenile court proceeding must conform to the form and procedures set forth in Iowa Rule of Civil Procedure 1.1701.

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MINOR GUARDIANSHIPS

Rule 8.37 Minor guardianship required filings.

8.37(1) The court shall not waive the requirement to file an initial care plan, annual report, or final report in a minor guardianship proceeding.

8.37(2) The court may extend the time for submitting any filing listed in rule 8.37(1) only upon a showing of good cause.

8.37(3) If a guardian fails to submit any filing listed in rule 8.37(1), the court may, after notice and an opportunity to cure the failure, impose sanctions, including removal of the guardian.

Rule 8.38 Reports of delinquent minor guardianship initial plans and reports.

8.38(1) The clerk's report to the presiding judge required by Iowa Code section 232D.501A of all delinquent initial care plans, annual reports, and final reports in minor guardianships shall contain a copy of each delinquency notice and, if it does not appear on the face of the delinquency notice, the following information for each delinquent plan or report:

a. The juvenile number of the matter.

b. The title of the matter.

c. An indication that the matter is a minor guardianship.

d. The name and address of the fiduciary.

e. The name and address of the attorney, if any, for the fiduciary.

f. The type of delinquent plan or report.

g. The date notice of delinquency was given.

h. A statement that the required plan or report, or an order extending time for a specified period, was not filed within 60 days after the giving of notice of delinquency.

i. The date the matter was opened.

j. The name and date of filing of the last submission filed by the fiduciary or attorney in the case.

k. The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.

8.38(2) In addition to submitting the report to the presiding judge as required by Iowa Code sections 232D.501A(2) and rule 8.38(1), the clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator. If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.

8.38(3) The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

8.38(4) The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant

to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

8.38(5) The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

Rule ~~8.37~~ 8.3739 ~~Juvenile Procedure Forms~~—~~Minor Guardianships~~guardianship forms.

8.39(1) Forms mandatory. An individual serving as guardian for a minor guardianship ~~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.~~

8.39(2) Background check form confidential. Rule 8.37—Form 2: Background Check Information for a Proposed Guardian of a Minor is confidential.

Rules ~~8.38 to 8.40~~

Reserved.



Rule 7.11—Form 2: Background Check Information for a Proposed Guardian of a Protected Person

Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a protected person, and requires the proposed guardian to pay the background check fee (\$15.00). *Note: The clerk of court will keep this information form confidential.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Guardianship for a Protected Person with the clerk of court.

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	
<p>In the Matter of the Guardianship of:</p> <p>_____</p> <p><i>Full name: first, middle, last</i></p> <p>Protected Person.</p>	<p>Probate no. _____</p> <p style="text-align: center;">Background Check Information for a Proposed Guardian of a Protected Person</p> <p style="text-align: right; font-size: small;">Iowa Code § 633.564</p>

Guardian states as follows:

1. Proposed Guardian’s personal information

A. Current legal name:

_____	_____	_____
<i>Full first name</i>	<i>Full middle name (full name, not middle initial; write “N/A” if no middle name)</i>	<i>Full last name</i>

B. Personal identifying information:

____/____/____	_____	____-____-____
<i>Date of birth (month/day/year)</i>	<i>Gender</i>	<i>Social security number</i>

C. All other names ever used, including any other previous legal names and nicknames (if none, write “N/A” in the first blank below):

Alternate name #1

_____	_____	_____
<i>Full first name</i>	<i>Full middle name (write “N/A” if no middle name)</i>	<i>Full last name</i>

Alternate name #2

_____	_____	_____
<i>Full first name</i>	<i>Full middle name (write “N/A” if no middle name)</i>	<i>Full last name</i>

Alternate name #3 _____
Full first name *Full middle name* *Full last name*
(write "N/A" if no middle name)

Alternate name #4 _____
Full first name *Full middle name* *Full last name*
(write "N/A" if no middle name)

Check this box if you have additional alternate names. Provide the information above for all additional alternates names on an attached sheet.

2. Certification and release authorization

Certification: I confirm that the information provided above is true and correct.

Release Authorization: I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

_____, 20____
Month *Day* *Year* *Proposed guardian's 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 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of appointment.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person’s current situation and needs and the guardian’s plan to meet those needs. Provide as much detailed information as possible.
- Do not include protected information on this form. For 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. _____

**Guardian’s Initial Care Plan for
Protected Person**

Iowa Code § 633.669(1)(b)

Guardian states as follows:

1. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Person:

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

⚠ *Skip to section 1(E) if there is only one guardian.*

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Person:

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

Check this box if there are additional 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 in case Guardian or Co-Guardian cannot be reached:

Name (_____) _____
Phone Number



2. Protected Person’s information

A. Protected Person’s age: _____

B. Does Protected Person have a living will (also known as an advance healthcare directive)?

Yes No Unsure

C. Does Protected Person have a medical power of attorney (also known as a healthcare power of attorney or healthcare proxy)?

Yes No Unsure

⚠ *If No or Unsure, skip to section 3*

Is Guardian the person designated in Protected Person’s medical power of attorney (often called the healthcare agent or proxy)?

Yes No

If No, who is designated in Protected Person’s medical power of attorney?

Full name: first, middle, last

Relationship to Protected Person

(_____) _____

Phone number

Email address

3. Protected Person’s residence and interaction with Guardian

A. Where does Protected Person currently reside:

Check one

With 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 their current residence, if known:

_____, _____, _____
Month Day Year

C. Does Protected Person’s current living situation best meet Protected Person’s needs?

Yes No

If No, describe Guardian’s plan for meeting those needs:

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

D. Summarize the nature and extent of Guardian’s plan for contact with, and activities on behalf of, Protected Person:

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

4. 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, has a petition to appoint a conservator been filed or is the filing of such a petition planned for the future?

Yes No

Is Guardian the conservator or does Guardian plan to be the conservator?

Yes No



B. Information regarding Protected Person’s living expenses:

⚠ Skip section 4(B) if you indicated that Protected Person is under a conservatorship in section 4(A).

Identify the sources of payment for the Protected Person’s living expenses:

Check all that apply

Protected Person will pay their own living expenses

Guardian

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

If family member, identify that person’s:	

<i>Full name: first, middle, last</i>	

<i>Relationship to Protected Person</i>	
(____) _____	_____
<i>Phone number</i>	<i>Email address</i>
<input type="checkbox"/> 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?

Guardian

Other

If Other, identify the Social Security benefits payee:	

<i>Full name: first, middle, last</i>	

<i>Relationship to Protected Person</i>	
(____) _____	_____
<i>Phone number</i>	<i>Email address</i>

Other: _____

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



5. Protected Person’s health

A. Medical and dental health

(1) Summarize Protected Person’s current medical and dental health status, identifying any medical or dental concerns:

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

(2) Summarize Guardian’s plan for meeting Protected Person’s medical and dental needs:

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

B. Mental health

(1) Summarize Protected Person’s current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

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

(2) Summarize Guardian’s plan for meeting Protected Person’s mental healthcare needs:

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



C. Other healthcare needs

(1) Summarize any other healthcare concerns related to Protected Person, identifying any ongoing healthcare concerns not described in sections 5(A)–(B):

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

(2) Summarize Guardian’s plan for addressing any other healthcare concerns identified in section C(1):

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

D. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above?

Yes No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person:

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

6. Protected Person’s employment status and education, training, or other vocational needs

A. Is Protected Person currently employed?

Yes No

If No, skip to section 6(B)

(1) Protected Person is 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. Does Protected Person need educational, training, or other vocational assistance?

Yes No

If Yes, summarize Guardian’s plan for providing needed educational, training, or vocational assistance:

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

7. Protected Person’s social activities

Does Protected Person require assistance with participation in social activities?

Yes No

If Yes, summarize what assistance Protected Person needs and what assistance Guardian plans to provide:

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

8. Protected Person’s contact with family members and other significant individuals

A. Briefly describe Guardian’s plan for facilitating contact between Protected Person and family members and other individuals significant to Protected Person. Identify any such individuals the Court should be aware of, including their relationship to Protected Person.

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



B. Does Guardian plan to place any time, place, or manner restrictions on Protected Person’s communication, visitation, or interaction with anyone?

Yes No

If Yes, identify whom and what restrictions Guardian plans to put in place and briefly describe why:

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

9. Guardian powers

Identify any guardian powers requiring court approval necessary to carry out the care plan for Protected Person: *Check all that apply.*

- None
- Changing Protected Person’s permanent residence to a nursing home, other secure facility, or secure portion of a facility that restricts Protected Person’s ability to leave or have visitors.
- Consenting to the withholding or withdrawal of life-sustaining procedures from Protected Person in accordance with Iowa Code chapter 144A or 144D.
- Consenting to performance of an abortion on Protected Person.
- Consenting to sterilization of Protected Person.
- Denying Protected Person’s communication, visitation, or interaction with a person with whom Protected Person has expressed a desire to communicate, visit, or interact or with a person who seeks to communicate, visit, or interact with Protected Person.

Other:

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

▲ NOTE

If you have identified additional guardian powers necessary to carry out the care plan for a protected person, these powers will not be granted until you file a separate motion requesting the power, and the court approves that motion.



10. Additional information

Additional information that may be useful for the Court to know in determining what is in Protected Person’s best interest:

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

11. Fees for Guardian

Check one

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

12. Fees for 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.

13. 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



14. Oath and signature of Guardian

A. Guardian’s oath and signature

I, _____, have read this Initial Care Plan, 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 Initial Care Plan is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Guardian’s home address the same as the mailing address above?

Yes No

If No, what is Guardian’s home address?

Street address

_____, _____, _____
City State ZIP code

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

I, _____, have read this Initial Care Plan, 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 Initial Care Plan is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Guardian’s in section 14(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 14(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 14(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 7.11—Form 4: Guardian’s Annual Report for Protected Person

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of the close of the reporting period.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person’s current situation as well as developments that occurred during the reporting period. Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”
- Do not include protected information on this form. For 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. _____

Guardian’s Annual Report for Protected Person

Iowa Code § 633.669(1)(c)

Guardian states as follows:

1. Reporting period

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

2. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Person:

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

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

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Person:

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

Check this box if there are additional 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 in case Guardian or Co-Guardian cannot be reached:

Name (_____) _____
Phone Number



3. Protected Person’s information

Protected Person’s age: _____

4. Protected Person’s residence and interaction with Guardian

A. During the reporting period, Protected Person resided:

Check one

With 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. Does Protected Person’s current living situation best meet Protected Person’s future needs?

Yes No

If No, describe Guardian’s plan for meeting those needs:

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

D. Summarize the nature and extent of 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 Guardian the conservator?

Yes No

B. 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).*

Identify the sources of payment for the Protected Person’s living expenses during the reporting period:

Check all that apply

Protected Person paid their own living expenses

Guardian

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

<p>If family member, identify that person’s:</p> <hr/> <p><i>Full name: first, middle, last</i></p> <hr/> <p><i>Relationship to Protected Person</i></p> <p>(____) _____</p> <p><i>Phone number</i> <i>Email address</i></p> <p><input type="checkbox"/> <i>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.</i></p>
--

Social Security benefits

Who is the payee?

Guardian

Other

<p>If Other, identify the Social Security benefits payee:</p> <hr/> <p><i>Full name: first, middle, last</i></p> <hr/> <p><i>Relationship to Protected Person</i></p> <p>(____) _____</p> <p><i>Phone number</i> <i>Email address</i></p>
--

Other: _____

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. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above during the next reporting period?

Yes No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person during the next reporting period:

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 Yes, summarize what assistance Protected Person received, including assistance Guardian provided:

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 during the reporting period. Identify 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 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.



10. Continuation of guardianship

A. Guardianship is recommended to be:

Check one

Continued

Terminated because:

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

B. Ability and willingness of Guardian to continue as guardian:

Check one

Guardian is able and willing to continue as guardian.

Guardian is unable or unwilling to continue as guardian because:

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

▲ NOTE

If you believe the guardianship should be terminated or someone else should be appointed as guardian, you must file a motion asking the court to approve the change. The guardianship will stay in place until the court orders otherwise. You must continue your duties as guardian until the court approves the change and files a written order.



11. Guardian powers

Identify any additional guardian powers requiring court approval necessary to carry out the care plan for Protected Person during the next annual reporting period:

Check all that apply.

- None
- Changing Protected Person’s permanent residence to a nursing home, other secure facility, or secure portion of a facility that restricts Protected Person’s ability to leave or have visitors.
- Consenting to the withholding or withdrawal of life-sustaining procedures from Protected Person in accordance with Iowa Code chapter 144A or 144D.
- Consenting to performance of an abortion on Protected Person.
- Consenting to sterilization of Protected Person.
- Denying Protected Person’s communication, visitation, or interaction with a person with whom Protected Person has expressed a desire to communicate, visit, or interact or with a person who seeks to communicate, visit, or interact with Protected Person.
- Other:

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

⚠ NOTE

If you have identified additional guardian powers necessary to carry out the care plan for a protected person, these powers will not be granted until you file a separate motion requesting the power, and the court approves that motion.

12. Additional information

A. Will there be any changes to the care plan for Protected Person for the next annual reporting period?

- Yes No

If Yes, describe the changes:

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



B. Are there any difficulties that Guardian or Protected Person is having with the guardianship or any need for assistance that Guardian would like to make the Court aware of?

Yes No

If Yes, describe the difficulties or needed assistance:

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

C. Additional information that may be useful for the Court to know in determining what is in Protected Person’s best interest:

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

13. Fees for Guardian *Check one*

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

14. Fees for 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.

15. 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



16. Oath and signature of Guardian

A. Guardian’s oath and signature

I, _____, have read this Annual 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 Annual Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Guardian’s home address the same as the mailing address above?

Yes No

If No, what is Guardian’s home address?

Street address

_____, _____, _____
City State ZIP code

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

I, _____, have read this Annual 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 Annual Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Guardian’s in section 16(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 16(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 16(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 7.11—Form 5: Guardian’s Final Report for Protected Person

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the termination of the guardianship.
- All appointed guardians must sign this form.
- Do not include protected information on this form. For 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	
<p>In the Matter of the Guardianship of</p> <p>_____ ,</p> <p><i>Full name: first, middle, last</i></p> <p>Protected Person.</p>	<p>Probate no. _____</p> <p style="text-align: center;">Guardian’s Final Report for Protected Person</p> <p style="text-align: right; font-size: small;">Iowa Code § 633.669(1)(d) & § 633.675</p>

Guardian states as follows:

1. Reporting period

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

Month Day Year Month Day Year

2. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Person: _____

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

! *Skip to section 3 if there is only one guardian.*

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Person: _____

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

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

3. Protected Person’s information

Protected Person’s age: _____



4. Termination of guardianship

The guardianship was terminated because: *Check one*

Protected Person is deceased.

Date of death: _____

The court determined that the guardianship is no longer necessary for another reason.

5. Fees for Guardian *Check one*

Guardian fees are waived.

Guardian fees are applied for and will be submitted in a separate application.

6. Fees for 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.

7. 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

Continued on next page



8. Oath and signature of Guardian

A. Guardian’s oath and signature

I, _____, have read this Final 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 Final Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Guardian’s home address the same as the mailing address above?

Yes No

If No, what is Guardian’s home address?

Street address

_____, _____, _____
City State ZIP code

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

I, _____, have read this Final 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 Final Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Guardian’s in section 8(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 8(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 8(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 7.11—Form 6: Court Officer's Oath (Guardianship)

In the Iowa District Court for _____ County

In the Matter of the Guardianship of

Probate no. _____

_____,
Full name: first, middle, last

Court Officer's Oath (Guardianship)

Protected Person.

Iowa Code § 633.168 & § 633.633

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name

of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Guardian in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____, 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 7.12—Form 9: Court Officer's Oath (Conservatorship, Individual)

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of

_____,
Full name: first, middle, last

Protected Person.

Probate no. _____

**Court Officer's Oath (Conservatorship,
Individual)**

Iowa Code § 633.168 & § 633.633

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name

of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Conservator in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____, 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 7.12—Form 10: Court Officer's Oath (Conservatorship, Corporation)

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of

_____,
Full name: first, middle, last

Protected Person.

Probate no. _____

**Court Officer's Oath (Conservatorship,
Corporation)**

Iowa Code § 633.168 & § 633.633

I, the undersigned, do solemnly swear (or affirm) that I am the duly elected
_____ of _____; that I am duly authorized by
Position Name of corporation

the Board of Directors of said corporation to execute this oath for and on behalf of the said corporation; that said corporation is duly authorized by its Articles of Incorporation and by its Board of Directors to act as Conservator in the above-entitled matter; that as such court officer, said corporation will support and will faithfully discharge the duties imposed by law, including the duty to account, to the best of its ability.

In support of the foregoing, on my behalf and as such officer of said corporation, I personally subscribe to the same oath, as it may be applicable to all of my conduct, acts and doings in these proceedings; and I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature

_____, 20_____
*Month Day Year Signature**

Name of corporation

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 1: Background Check Information for a Proposed Guardian of a Minor

Instructions:

- Iowa Code section 232D.307 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a minor and requires the proposed guardian to pay the background check fee (\$15.00). *Note: The clerk of court will keep this information form **confidential**.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing guardianship approved by the court, file this form and a Petition to Establish a Guardianship for a Minor with the clerk of court.

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:

Case no. _____

Full name: first, middle, last

Background Check Information for a Proposed Guardian of a Minor

Protected Minor.

Iowa Code § 232D.307

Guardian states as follows:

1. Proposed Guardian’s personal information

A. Current legal name:

_____ <i>Full first name</i>	_____ <i>Full middle name (full name, not middle initial; write “N/A” if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	---	--------------------------------

B. Personal identifying information:

_____ <i>Date of birth (month/day/year)</i>	_____ <i>Gender</i>	_____ <i>Social security number</i>
--	------------------------	--

C. All other names ever used, including any other previous legal names and nicknames (if none, write “N/A” in the first blank below):

Alternate name #1

_____ <i>Full first name</i>	_____ <i>Full middle name (write “N/A” if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	--	--------------------------------

Alternate name #2

_____ <i>Full first name</i>	_____ <i>Full middle name (write “N/A” if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	--	--------------------------------



Alternate name #3

Full first name

Full middle name
(write "N/A" if no middle name)

Full last name

Alternate name #4

Full first name

Full middle name
(write "N/A" if no middle name)

Full last name

Check this box if you have additional alternate names. Provide the information above for all additional alternates names on an attached sheet.

2. Certification and release authorization

Certification: I confirm that the information provided above is true and correct.

Release Authorization: I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

_____, 20____
Month Day Year Proposed guardian's 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 2: Affidavit of Parental Consent

Instructions:

- This form must be completed by each parent who has legal custody of the minor and is consenting to the guardianship of the minor.
- Each signing parent must complete and provide a separate form.

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)	
<p>In the Matter of the Guardianship of:</p> <p>_____</p> <p><i>Full name: first, middle, last</i></p> <p>Protected Minor.</p> <p>_____</p>	<p>Case no. _____</p> <p style="text-align: center;">Affidavit of Parental Consent</p> <p style="text-align: right; font-size: small;">Iowa Code § 232D.203</p>

I certify the following: *Read, complete, and check each item if you agree.*

I, _____, am the _____

Print your name *Parental relationship*

of _____ (Minor).

Initials of minor

- I currently have legal custody of Minor.
- Minor is in need of a guardianship because *Check all that apply*
- I have a physical or mental illness that prevents me from providing care and supervision of Minor.
- I am, or soon will be, incarcerated or imprisoned.
- I am, or soon will be, on active military duty.
- Other: *Explain*
- _____
- _____
- _____

- I have read the Petition for Guardianship filed with this Affidavit.
- I understand the nature of the guardianship proposed in the Petition for Guardianship.
- I knowingly and voluntarily consent to the proposed guardianship.
- I have had sufficient opportunity to consult with an attorney regarding this matter.

Continued on next page

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*

Oath and signature of parent

I, _____, have read this Affidavit, 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 Affidavit 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 3: Court Officer's Oath (Minor Guardianship)

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

In the Matter of the Guardianship of

Case no. _____

_____,
Full name: first, middle, last

**Court Officer's Oath (Minor
Guardianship)**

Protected Minor.

Iowa Code § 232D.403

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name

of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Guardian in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____, 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 4: Guardian’s Initial Care Plan for Protected Minor

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of appointment.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected minor’s current situation and needs and the guardian’s plan to meet those needs. Provide as much detailed information as possible.

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

_____,
Full name: first, middle, last

Protected Minor.

Case no. _____

**Guardian’s Initial Care Plan for
Protected Minor**

Iowa Code § 232D.501(1)(a)

Guardian states as follows:

1. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

! *Skip to section 1(E) if there is only one guardian.*

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

Check this box if there are additional co-guardians and provide the information requested in section 1 for all additional co-guardians on an attached sheet.

E. Identify an emergency contact who knows information about Protected Minor and the guardianship in case Guardian or Co-Guardian cannot be reached:

_____ (_____) _____
Name Phone Number

2. Protected Minor’s information

A. Protected Minor’s age: _____



3. Protected Minor’s residence and interaction with Guardian

A. Where does Protected Minor currently reside:

With Guardian

Other: _____

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

B. Date Protected Minor began living at their current residence, if known:

_____, _____, _____
Month Day Year

C. Does Protected Minor’s current living situation best meet Protected Minor’s needs?

Yes No

If No, describe Guardian’s plan for meeting those needs:

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

D. Summarize the nature and extent of Guardian’s plan for contact with, and activities on behalf of, Protected Minor:

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

4. Payment of 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, has a petition to appoint a conservator been filed or is the filing of such a petition planned for the future?

Yes No

Is Guardian the conservator or does Guardian plan to be the conservator?

Yes No



B. Information regarding payment of Protected Minor’s living and other expenses:

⚠ Skip section 4(B) if you indicated that Protected Minor is under a conservatorship in section 4(A).

Identify the sources of payment for the Protected Minor’s living expenses.

Check all that apply

Guardian

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

If family member, identify that person’s:	

<i>Full name: first, middle, last</i>	

<i>Relationship to Protected Minor</i>	
(____) _____	_____
<i>Phone number</i>	<i>Email address</i>
<input type="checkbox"/> 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.	

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

Who is the payee?

Guardian

Other

If Other, identify the Social Security benefits payee:	

<i>Full name: first, middle, last</i>	

<i>Relationship to Protected Minor</i>	
(____) _____	_____
<i>Phone number</i>	<i>Email address</i>

Child support

Payor information:	

<i>Full name: first, middle, last</i>	

(____) _____	_____
<i>Phone number</i>	<i>Email address</i>
<input type="checkbox"/> 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.



C. Has Guardian applied for or does Guardian plan to apply for any benefits or funds (SSI, Medicaid, SNAP, etc.) for Protected Minor?

Yes No

If No, skip to section 5

(1) Identify what benefits or funds Guardian currently receives on behalf of Protected Minor or Protected Minor directly receives for the support of Protected Minor.

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

(2) Describe how the funds will be used for the support of Protected Minor.

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

(3) Identify which benefits or funds Guardian plans to apply for in the future for the support of Protected Minor and briefly describe how each benefit or fund will be used for the support of Protected Minor:

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

5. Protected Minor’s health

A. Medical and dental health

(1) Summarize Protected Minor’s current medical and dental health status, identifying any medical or dental concerns:

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



(2) Summarize Guardian’s plan for meeting Protected Minor’s medical and dental needs:

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

B. Mental health

(1) Summarize Protected Minor’s current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

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

(2) Summarize Guardian’s plan for meeting Protected Minor’s mental healthcare needs:

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

C. Other healthcare needs

(1) Summarize any other healthcare concerns related to Protected Minor, identifying any ongoing healthcare concerns not described in sections 5(A)–(B):

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

(2) Summarize Guardian’s plan for addressing any other healthcare concerns identified in section C(1):

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



D. Does Guardian plan to arrange for Protected Minor to receive any health-related professional services other than those identified above?

Yes No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Minor:

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

6. Protected Minor’s educational status and other educational training or vocational services needs

A. Protected Minor is:

Check one

Preschool age

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

Is Protected Minor receiving services from a preschool educational program (e.g., Early Access or Head Start)?

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 will be met:

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



B. Does Protected Minor receive or need special education or related services?

Yes No

If Yes, describe the services:

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

C. Does Minor receive or need any other educational training or vocational services?

Yes No

If Yes, describe the services:

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

D. Guardian’s plan for meeting Minor’s future educational training or vocational needs:

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

7. Protected Minor’s contact with family members and other significant individuals

A. Briefly describe Guardian’s plan for facilitating contact between Protected Minor and family members and other individuals significant to Protected Minor. Identify any such individuals the Court should be aware of, including their relationship to Protected Minor.

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



B. Does Guardian plan to place any time, place, or manner restrictions on Protected Minor’s communication, visitation, or interaction with anyone?

Yes No

If Yes, identify whom and what restrictions Guardian plans to put in place and briefly describe why:

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

8. Additional information

Additional information that may be useful for the Court to know in determining what is in Protected Minor’s best interest:

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

9. 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



10. Oath and signature of Guardian

A. Guardian’s oath and signature

I, _____, have read this Initial Care Plan, 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 Initial Care Plan is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Guardian’s home address the same as the mailing address above?

Yes No

If No, what is Guardian’s home address?

Street address

_____, _____, _____
City State ZIP code

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

I, _____, have read this Initial Care Plan, 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 Initial Care Plan is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Guardian’s in section 10(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 10(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 10(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 5: Guardian’s Annual Report for Protected Minor

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the close of the reporting period.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected minor’s current situation as well as developments that occurred during the reporting period. Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

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)	
<p>In the Matter of the Guardianship of</p> <p>_____ ,</p> <p><i>Full name: first, middle, last</i></p> <p>Protected Minor.</p>	<p>Case no. _____</p> <p style="text-align: center;">Guardian’s Annual Report for Protected Minor</p> <p style="text-align: right; font-size: small;">Iowa Code § 232D.501(1)(b)</p>

Guardian states as follows:

1. Reporting period

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

2. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

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

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

Check this box if there are additional 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 in case Guardian or Co-Guardian cannot be reached:

Name Phone Number

3. Protected Minor’s information

Protected Minor’s age: _____



4. Protected Minor’s residence and interaction with Guardian

A. During the reporting period, Protected Minor resided:

Check one

With 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. Does Protected Minor’s current living situation best meet Protected Minor’s future needs?

Yes No

If No, describe Guardian’s plan for meeting those needs:

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


D. Summarize the nature and extent of 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 Guardian the conservator?

Yes No



B. 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).

Identify the sources of payment for the Protected Minor’s living and other expenses during the reporting period.

Check all that apply

Guardian

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

<p>If family member, identify that person’s:</p> <hr/> <p><i>Full name: first, middle, last</i></p> <hr/> <p><i>Relationship to Protected Minor</i></p> <p>(____) _____</p> <p><i>Phone number</i> <i>Email address</i></p> <p><input type="checkbox"/> 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.</p>

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

Who is the payee?

Guardian

Other

<p>If Other, identify the Social Security benefits payee:</p> <hr/> <p><i>Full name: first, middle, last</i></p> <hr/> <p><i>Relationship to Protected Minor</i></p> <p>(____) _____</p> <p><i>Phone number</i> <i>Email address</i></p>

Child support

<p>Payor information:</p> <hr/> <p><i>Full name: first, middle, last</i></p> <p>(____) _____</p> <p><i>Phone number</i> <i>Email address</i></p> <p><input type="checkbox"/> 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.</p>
--

Other: _____

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



C. Has 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 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. Does Guardian plan to arrange for Protected Minor to receive any health-related professional services other than those identified above during the next reporting period?

Yes No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Minor during the next reporting period:

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 how Minor’s educational needs will be met in the future:

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 during the reporting period. Identify 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 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.



9. Continuation of guardianship

A. Guardianship is recommended to be:

Check one

Continued

Terminated because:

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

B. Ability and willingness of Guardian to continue as guardian:

Check one

Guardian is able and willing to continue as guardian.

Guardian is unable or unwilling to continue as guardian because:

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

⚠ NOTE

If you believe the guardianship should be terminated or someone else should be appointed as guardian, you must file a motion asking the court to approve the change. The guardianship will stay in place until the court orders otherwise. You must continue your duties as guardian until the court approves the change and files a written order.

10. Additional information

A. Will there be any changes to the care plan for Protected Minor for the next annual reporting period?

Yes No

If Yes, describe the changes:

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



B. Are there any difficulties that Guardian or Protected Minor is having with the guardianship or any need for assistance that Guardian would like to make the Court aware of?

Yes No

If Yes, describe the difficulties or needed assistance:

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

C. Additional information that may be useful for the Court to know in determining what is in Protected Minor’s best interest:

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 Guardian

A. Guardian’s oath and signature

I, _____, have read this Annual 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 Annual Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address

Is Guardian’s home address the same as the mailing address above?

Yes No

If No, what is Guardian’s home address?

Street address

_____, _____, _____
City State ZIP code

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

I, _____, have read this Annual 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 Annual Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as 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 6: Guardian’s Final Report for Protected Minor

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the termination of the guardianship.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the developments that occurred related to the protected minor since the last annual report. Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

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)	
<p>In the Matter of the Guardianship of</p> <p>_____ ,</p> <p><i>Full name: first, middle, last</i></p> <p>Protected Minor.</p>	<p>Case no. _____</p> <p style="text-align: center;">Guardian’s Final Report for Protected Minor</p> <p style="text-align: right; font-size: small;">Iowa Code § 232D.501(1)(c) & § 232D.503</p>

Guardian states as follows:

1. Reporting period

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

Month Day Year Month Day Year

2. Guardian information

A. Guardian’s name: _____

B. Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

⚠ *Skip to section 3 if there is only one guardian.*

C. Co-Guardian’s name: _____

D. Co-Guardian’s relationship to Protected Minor:

(Grandparent, aunt, uncle, etc.)

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

3. Protected Minor’s information

Protected Person’s age: _____



4. Termination of guardianship

The guardianship was terminated because: *Check one*

Protected Minor is no longer a minor.

Protected Minor is deceased.

Date of death: _____

Protected Minor is now adopted.

Protected Minor is now emancipated.

The court determined that the guardianship is no longer necessary for another reason.

5. 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*

6. Oath and signature of Guardian

A. Guardian’s oath and signature

I, _____, have read this Final 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 Final Report is true and correct.

_____, 20_____
*Month Day Year Signature**

Mailing address

_____, _____, _____
City State ZIP code

(_____) _____
Phone number Email address



Is Guardian’s home address the same as the mailing address on the previous page?

Yes No

If No, what is Guardian’s home address?

Street address

City

State

ZIP code

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

I, _____, have read this Final 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 Final Report is true and correct.

_____, 20_____
*Month Day Year Signature**

(_____) _____
Phone number Email address

Is your mailing address the same as Guardian’s in section 6(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 6(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 6(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.*