

State of Minnesota

District Court  
Probate Division

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

**PERSONAL WELL-BEING REPORT**

(Annual Report of Guardian)

\_\_\_\_\_, Ward

As required by Minn. Stat. § 524.5-316 the Guardian makes this Annual Report for the reporting period from \_\_\_\_\_ to \_\_\_\_\_.

Instructions: Complete all paragraphs. **Attach additional sheets if necessary.**

1. The current mental, physical and social condition of the Ward is:
  - (a) Mental: \_\_\_\_\_
  - (b) Physical: \_\_\_\_\_
  - (c) Social: \_\_\_\_\_
  
2. The addresses and types of all living arrangements for the Ward during this reporting period: \_\_\_\_\_  
\_\_\_\_\_
  
3.  There were no restrictions placed on the Ward’s right to communicate and visitation with persons of the Ward’s choice.

**OR**

There were restrictions placed on the Ward’s right to communicate and visitation with persons of the Ward’s choice and the factual bases for those restrictions are:

\_\_\_\_\_  
\_\_\_\_\_

4. Medical, educational, vocational and other services provided to the Ward in the past year: \_\_\_\_\_  
\_\_\_\_\_
  
5. My opinion of the adequacy of the care given to the Ward in the past year: \_\_\_\_\_  
\_\_\_\_\_
  
6. Recommendation regarding continuation of the guardianship or scope of the guardianship: \_\_\_\_\_  
\_\_\_\_\_
  
7. I have personally seen the Ward \_\_\_\_\_ times in the past year.
  
8. Pursuant to Minn. Stat. § 524.5-102, subd. 13a, a “professional guardian” or “professional conservator” means a person acting as guardian or conservator for three or

more individuals not related by blood, adoption, or marriage. *(check boxes below if applicable)*

- I am a professional guardian according to the above definition.
- My answer to the above question reflects a change in my professional status since my last report to the court for this case.

9.  I have received the following amount of reimbursement for services rendered to the ward in the past year and this amount was not reimbursed by county contract: \$ \_\_\_\_\_

**This report must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. If the personal well-being report is not filed within 60 days of the required date, the court shall issue an order to show cause.**

**An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Address (list street/service address only; PO Box not acceptable)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

State of Minnesota

District Court  
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Court File No. \_\_\_\_\_

Case Type: 14, Guardianship

In Re: Guardianship of

**Annual Notice of Right to Petition for  
Restoration to Capacity or Other Relief**

Minn. Stat. §§ 524.5-310(g) and 524.5-316

\_\_\_\_\_,  
Ward

To: \_\_\_\_\_ Ward

You have a right to ask the Court to end or modify the guardianship or for any order that is in your best interests or for any other appropriate relief, by filing a petition with the Court explaining why you believe the guardianship should end or be modified.

You have a right to object to the Guardian’s change in your place of residence, and you have a right to ask the Court for a change of residence, by filing a petition with the Court explaining why the change should or should not be made.

You or any interested person on record with the court have a right to dispute any statement or conclusion contained in the Personal Well-Being Report regarding your condition by filing a written statement with the Court explaining why you disagree with any statement or conclusion in the Report.

If you wish to have a different guardian then you must file a petition for removal of the guardian, explaining why you believe the present guardian should be removed.

To petition the court you may call the Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you, pick up the proper form at the Court, or access forms from the court’s public website at [www.mncourts.gov/forms](http://www.mncourts.gov/forms). The address of the Court is:

\_\_\_\_\_ and phone number is \_\_\_\_\_.

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You can call the Court to request a court appointed attorney.

You retain the right to vote unless your guardian informs you that the court terminated your right to vote.

**This notice must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

**AFFIDAVIT OF SERVICE**

State of Minnesota )

County of \_\_\_\_\_ )

\_\_\_\_\_, state that 1) this is an accurate statement of the Ward's well being and care for the period indicated above; 2) I have given a copy of this Well-Being Report to the Ward and to interested persons of record with the court; and 3) the Annual Notice of Right to Petition has been given to the Ward and to interested persons of record with the court.

The Ward was served  by mail or  personally with the Well-Being Report and the Annual Notice of Rights to Petition on \_\_\_\_\_ (date). The present address and telephone number of the Ward is \_\_\_\_\_

The following interested persons of record with the court were served at the location listed with a copy of the Well-Being Report and the Annual Notice of Rights to Petition: *(attach additional sheets if necessary)*

Name: \_\_\_\_\_

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

Name: \_\_\_\_\_

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**FILE THE ORIGINAL PERSONAL WELL-BEING REPORT AND THIS AFFIDAVIT OF SERVICE WITH THE COURT**