

ANNUAL REPORT OF GUARDIAN OF MINOR

Docket No.

**Commonwealth of Massachusetts
The Trial Court
Probate and Family Court**

In the Interests of:

Division

First Name

Middle Name

Last Name

Minor

Child's name, date of birth and address:

First Name

Middle Name

Last Name

(Date of Birth)

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Each guardian's name and address:

First Name

M.I.

Last Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

1. Please list the names, ages and relationship to you of all persons currently living in your household:

	First Name	M.I.	Last Name	Age	Relationship

2. Have you been investigated for abuse or neglect since the last report or since you were in court? Yes No

If **YES**, please state the date(s), circumstances, investigating agency, outcome and any information regarding court involvement such as the name of the court and docket number of the case:

3. Has the child moved since your last report or since you were last in court? Yes No

If **YES**, please explain:

4. Is the child currently in school? Yes No

If **NO**, and the child is over age 6, please explain:

If **YES**, please answer the following:

What grade is the child in? _____

How is the child doing in school? Please describe the child's grades and any special services the child is receiving in school:

5. Has the child's physical, psychological or medical condition changed since the last report?
Has he/she been hospitalized or injured? Yes No

If **YES**, please explain:

6. Does the child have contact with his or her parent(s)? Yes No

If **YES**, how frequently, how recently, is it regular, and what is the quality of the contact?

7. Has the child been involved in any court cases since the last report or since you were last in court? For example - delinquency or criminal charges, CHINS petition? Yes No

If **YES**, please explain:

8. Please provide any other information you believe will assist the court in reviewing the child's general well being. (*Attach additional pages if needed*)

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing petition and that the statements set forth therein are true and correct to the best of my knowledge.

Date _____

Signature of Guardian

Date _____

Signature of Co-Guardian (if applicable)

Attorney for Guardian:

Print Name

(Address)

(Apt, Unit, No. etc.)

(City/Town)

(State)

(Zip)

Primary Phone #: _____

BBO No.: _____