

**THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH**

<http://www.courts.state.nh.us>

Court Name: _____

Case Name: Guardianship of _____

Case Number: _____
(if known)

REPORT OF THE GUARDIAN OF THE PERSON - MINOR

6-month Report Annual Report Other

REPORTING PERIOD: _____

1. Guardian Name _____ Telephone _____

Mailing Address _____

Guardian Name _____ Telephone _____

Mailing Address _____

2. Minor Name _____ Telephone _____

Mailing Address _____

Residence Address _____

Type of facility _____ Telephone _____

3. Name of Institution (if minor is institutionalized) _____

Mailing Address _____

4. Physical health of minor _____

Significant changes since last report _____

5. Hospitalization(s) since last report _____

Surgical procedure(s) since last report _____

Illness(es) since last report _____

6. Mental health of minor _____

Psychiatric treatment(s) since last report _____

7. Has there been any change of living conditions of the minor since the last report?

Yes No If yes, please explain. _____

8. If the minor lives with the guardian, list the names and addresses of any adults who are new to the home since the last report. Those persons must complete a Criminal Record Release Authorization form and a DHHS Record Release Authorization form and file with the court.

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9. Has there been any change in the financial status of the minor since the last report?
 Yes No If yes, please explain. _____

10. Name of present school attended by the minor _____

Grade _____ Are there any special educational issues that have arisen since the last report? If so, please explain.

11. Provide any other information related to the well-being, behaviors, and care of the minor that may assist the court to better assess the general welfare of the minor.

Date

Guardian Signature

Date

Guardian Signature

READ AND NOTED

Date

Marital Master

Date

Judge