

CONFIDENTIAL

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- Instructions:**
- 1) A guardian of the person of a minor (other than a parent) may use this form to report to the Probate Court at least annually on the condition of the minor.
 - 2) The guardian should respond to every question. If a question does not apply, the guardian may indicate "Not Applicable" or "N/A."
 - 3) For more information, see C.G.S. section 45a-625.
 - 4) Type or print the form in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of

**Present Address and Telephone Number
of the Minor**

**Minor's Date of
Birth**

Hereinafter referred to as the minor

Guardian (Name, present address and telephone number)

Guardian (Name, present address and telephone number)

Check here if new address.

Check here if new address.

Parent (Name, present address and telephone number)

Parent (Name, present address and telephone number)

Check here if new address.

Check here if new address.

The guardian's report is being filed for the following reason:

Annual report

Other (Specify.):

Court-ordered report

Please respond to the following questions for the period since the last guardian's report was filed in court, or if this is the first report, since your appointment as guardian.

1. Is the minor in day care, pre-school or school? Yes No

If yes, provide the name of the day care, pre-school or school: _____

Specify grade, if applicable _____

2. Describe how the minor is doing in school (behavior, grades, etc.) and anything that has changed significantly during the last school year.

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3. Have any major changes happened during the last year that affected the minor? Yes No
If yes, please describe any changes and how the changes have affected the minor:

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4. Does the minor visit with the parents or other relatives? Yes No
If yes, how often does the minor visit with each parent or relative ? (Specify name of parent or relative, relationship and number of visits per month.)

Please describe any issues or concerns with visitation:

-
5. Describe the minor's relationship with any brothers or sisters who live apart and whether they visit each other.

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6. Describe any issues or concerns you have caring for the minor.

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7. Does the minor have medical insurance? Yes No

8. Describe any medical or psychological conditions the minor has.

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9. Describe any programs or services you are using to meet the minor's needs, if any. (For example, medication, counseling, special education, extended day care.)

Are you able to obtain these or other services?

Yes

No

10. Describe any financial assistance you are receiving on behalf of the minor from any governmental or private agency.

Signature of Guardian of the Person

Type or Print Name

Date

Signature of Guardian of the Person

Type or Print Name

Date
