

# Guardian(s)

# Annual Report Form



## Juvenile Guardianship

### INSTRUCTIONS TO GUARDIAN(S)

- Use this form if you are required as Guardian(s) to submit annual reports to the Court. Check your most recent court order for the due date.
- Print clearly using blue or black ink.
- You may include attachments.
- File with the Court Clerk. The Court Clerk will send any orders issued by the Court to your mailing address.

**IN THE CHILDREN'S COURT OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re the guardianship of:

\_\_\_\_\_,

DOB: \_\_\_\_\_

=====

\_\_\_\_\_,

Petitioner(s).

Case No. \_\_\_\_\_

**ANNUAL REPORT**

**COMES NOW**, \_\_\_\_\_, Petitioner(s), and requests the Court accept this annual report in lieu of personal appearance at the next scheduled review hearing pursuant to the ORDER ON ANNUAL REVIEW dated \_\_\_\_\_.

1. The reporting period for this report is from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

2. Petitioner's contact information:

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

\_\_\_\_\_

Phone: \_\_\_\_\_

3. Has there been a change in residence for the minor or guardian during the reporting period?  Yes  No

*If yes, please explain.*

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

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4. The following individuals currently reside in the household with the minor:

Name	Age	Relationship to minor

5. Petitioner can provide appropriate and adequate parental care for the minor.  Yes  No  
*Please explain.*

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6. The minor's medical condition is generally healthy.  Yes  No  
*If no, please explain.*

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7. There has been a significant change in the minor's medical condition during this reporting period.  Yes  No  
*If yes, please explain.*

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**8.** The minor is in good mental and emotional health.  Yes  No  
*If no, please explain.*

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**9.** The minor's cognitive and physical development are appropriate for their age.  
*If no, please explain.*  Yes  No

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**10.** The minor attends school regularly and follows school rules.  Yes  No  
*If no, please explain.*

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**11.** The minor receives special services in school, which are helping meet the minor's educational needs.  Yes  No  
*If yes, please explain.*

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**12.** Petitioner believes the minor's educational needs are being met.  Yes  No  
*If no, please explain.*

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**13.** Please describe the minors participation in social and extracurricular events and activities.  
*(e.g. Cultural events, sports, school clubs, play groups, etc.)*

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**14.** Petitioner believes the minor's social and extracurricular needs are being met.  
*If no, please explain.*  Yes  No

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**15.** Has Petitioner taken any legal actions on behalf of the minor.  Yes  No  
*If yes, please list the legal actions taken.*

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16.  The minor child does not receive government benefits.  
 The minor child receives and/or the guardian receives on behalf of the minor:
- Childcare Assistance \$ \_\_\_\_\_
  - Medicare
  - Medicaid
  - Per Capita
  - SNAP (Food Stamps) \$ \_\_\_\_\_
  - Social Security \$ \_\_\_\_\_
  - TANF \$ \_\_\_\_\_
  - Social Security \$ \_\_\_\_\_
  - Other \_\_\_\_\_

17. Are the minor's assets protected?  Yes  No  
*Please explain.*

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18. Are the minor's assets being distributed in accordance with applicable law?  Yes  No  
*Please explain.*

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19. Petitioner believes the minor is receiving satisfactory care.  Yes  No  
*Please explain.*

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20. Does Petitioner recommend any changes to the guardianship?  Yes  No  
*If yes, please explain the recommended changes.*

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21. Please provide any additional information or concerns regarding the minor's well being or the guardianship you believe the Court should consider.

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22.  There are no additional relevant documents attached.  
 There are additional relevant documents attached: \_\_\_\_\_

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*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_\_  
*Date*

*/s/* \_\_\_\_\_  
*Print Name – Guardian Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Guardian Signature (if any)*

\_\_\_\_\_  
*Date*

*/s/* \_\_\_\_\_  
*Print Name – Co-Guardian Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_  
DOB(s): \_\_\_\_\_

Case No. \_\_\_\_\_

**PROOF OF SERVICE**

\_\_\_\_\_  
Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_  
Defendant(s)/Respondent(s).

1. I, \_\_\_\_\_, certify that I am 18 years of age or older.  
*Name*
2. I am  not a party to this case  a party to this case. (*Summons, notice of hearing, and petitions must be served by someone who is not a party to the case.*)
3. I served  Plaintiff(s)/Petitioner(s),  Defendant(s)/Respondent(s),  Other: \_\_\_\_\_  
a true copy of the following document(s):  Petition  Notice of Hearing  Summons  
 Motion  Other: \_\_\_\_\_.
4. I served said document(s) by:  
 personally delivering to \_\_\_\_\_ on \_\_\_\_\_  
*Name* *Date*  
at \_\_\_\_\_, at \_\_\_\_\_.  
*Street Address, City, State, Zip Code* *Time*  
 mailing to \_\_\_\_\_,  
*Street Address or P.O. Box, City, State, Zip Code*  
via  first class mail  certified mail, return receipt requested  other: \_\_\_\_\_.  
 emailing to \_\_\_\_\_.  
*Email Address*

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: /s/ \_\_\_\_\_

(Party Electronic Signature)

Attorney/Advocate Bar No. (if applicable): \_\_\_\_\_

Case No. \_\_\_\_\_

PROOF OF SERVICE

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