

REVIEW SHEET FOR GUARDIANSHIP

GUARDIANSHIP OF _____
CASE No.: _____

Type of Guardianship: Minor, Incapacitated, VA, Voluntary (circle one)

If minor, date of birth: _____

Guardianship of - property person person & Property (check one)

Guardian's name, address and phone number:

Attorney's name, address and phone number:

Date last letters were issued: _____

Relationship of guardian to ward: _____

Report Type: accounting plan accounting & plan (check one)

Fiscal period for report: from _____ to _____

Due date for report: _____

Bond required or waived? _____ If required, is it posted? _____

If bond was waived, is restricted account required? _____

If restricted account is required, is it properly set up? _____

Education course taken? _____, if not, when due? _____

Inventory Req? _____, filed? _____, if not, when due? _____

Initial Plan Req? _____, filed? _____, if not, when due? _____

COMMENTS:

