



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY FULL NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: PHONE: EMAIL: ATTORNEY FOR (FULL NAME): TRIBAL BAR NO:	FOR COURT USE ONLY
	CASE NUMBER:
	PARTY 1 / PETITIONER
	PARTY 2 / RESPONDENT:
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002	
TYPE OF REPORT ☐ FIRST ☐ INTERIM ☐ ANNUAL ☐ FINAL ☐ AMENDED	
IN RE: GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF <i>(full name of the protected adult):</i> PROTECTED ADULT	
CONFIDENTIAL GUARDIANSHIP REPORT ON FINANCIAL ACCOUNTING OF ADULT	
THIS REPORT MUST BE COMPLETED ANNUALLY BY THE GUARDIAN, OR MORE FREQUENTLY IF DIRECTED BY THE COURT. TYPE OR PRINT USING BLACK OR BLUE INK.	

1. I AM THE GUARDIAN OF THE ABOVE-NAMED PROTECTED ADULT, AND MY REPORT IS AS FOLLOWS:

TIME PERIOD FOR THIS REPORT	
START DATE:	END DATE:

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2. PROTECTED ADULT'S PUBLIC BENEFITS AND OTHER SOURCES OF FUNDS

You must attach bank statements, credit card statements, and receipts for the last year.

TYPE OF AID	MONTHLY BENEFIT	TYPE OF PROPERTY	EST. VALUE
☐ TANF	\$	☐ REAL PROPERTY	\$
☐ SOCIAL SECURITY	\$	☐ PERSONAL PROPERTY	\$
☐ DEPARTMENT OF VETERANS AFFAIRS	\$	☐ BANK ACCOUNTS	\$
☐ WAGES	\$	☐ TRUST ACCOUNTS	\$
☐ PENSIONS	\$	☐ STOCKS, BONDS, ETC.	\$
☐ TRIBAL PER CAPITA DISTRIBUTIONS	\$	☐ CASH	\$
☐ OTHER TRIBAL DISTRIBUTIONS	\$	☐ OTHER (SPECIFY):	\$
☐ INCOME FROM REAL PROPERTY	\$	☐ OTHER (SPECIFY):	\$
☐ INTEREST INCOME	\$	☐ OTHER (SPECIFY):	\$
☐ OTHER (SPECIFY):	\$	☐ OTHER (SPECIFY):	\$

3. ABILITY TO MANAGE OWN FINANCIAL RESOURCES

Describe the facts and circumstances that demonstrate that the Protected Adult is substantially unable to manage their own financial resources or to resist fraud or undue influence. *(Give specific details and examples of their daily life showing significant, ongoing behavior patterns).*

Financial resources

(Give examples of their substantial inability to manage money or property):

Fraud or undue influence

(Give examples of their substantial inability to resist fraud or undue influence):

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5. ACCOUNT INFORMATION

- ☐ The Protected Adult **does not have** bank accounts and / or credit accounts of any kind.
- ☐ The Protected Adult **does have** bank accounts and / or credit accounts. Information for each is below.

Be sure to attach bank statements, credit card statements, and receipts for each account for the past year.

NAME OF BANK / CREDITOR:	NAME(S) ON THE ACCOUNT:	
FULL ADDRESS ASSOCIATED WITH THE ACCOUNT:	RELATIONSHIP OF ACCOUNT OWNER TO THE PROTECTED ADULT:	
TYPE OF ACCOUNT: ☐ checking ☐ savings ☐ credit card ☐ other (<i>specify</i>):	ACCOUNT NUMBER:	
AMOUNT(S) IN ACCOUNT AS OF LAST ACCOUNTING:	AMOUNT OWED TO CREDITOR:	DATE OPENED:
Does the Protected Adult have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining Does the Protected Adult know how to use the card responsibly? ☐ Yes ☐ No ☐ Still learning		

NAME OF BANK / CREDITOR:	NAME(S) ON THE ACCOUNT:	
FULL ADDRESS ASSOCIATED WITH THE ACCOUNT:	RELATIONSHIP OF ACCOUNT OWNER TO THE PROTECTED ADULT:	
TYPE OF ACCOUNT: ☐ checking ☐ savings ☐ credit card ☐ other (<i>specify</i>):	ACCOUNT NUMBER:	
AMOUNT(S) IN ACCOUNT AS OF LAST ACCOUNTING:	AMOUNT OWED TO CREDITOR:	DATE OPENED:
Does the Protected Adult have their own ☐ debit ☐ credit card(s)? ☐ Yes ☐ No ☐ In process of obtaining Does the Protected Adult know how to use the card responsibly? ☐ Yes ☐ No ☐ Still learning		

BALANCE OF ALL CHECKING ACCOUNTS AS OF LAST ACCOUNTING:	
BALANCE OF ALL SAVINGS ACCOUNTS AS OF LAST ACCOUNTING:	
BALANCE OF ALL CREDIT CARD ACCOUNTS AS OF LAST ACCOUNTING:	

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6. THE PERSON WHO IS AUTHORIZED TO RECEIVE DISTRIBUTIONS OR OTHER MONIES ON THE PROTECTED ADULT'S BEHALF IS:

☐ The Guardian named in item 1. *(If same, skip this item).*

FIRST AND LAST NAME:			RELATIONSHIP OF ACCOUNT OWNER TO THE PROTECTED ADULT:		
STREET ADDRESS:		APT:	DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:
CITY:	STATE:	ZIP:	TRIBAL ID OR DRIVER'S LICENSE #:		
RESIDENT IN THE COUNTY OF:		PHONE:		EMAIL:	
TRIBAL AFFILIATION THE INDIVIDUAL ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA OR ☐ IS A MEMBER OF A WILTON RANCHERIA TRIBAL MEMBER FAMILY. ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN _____, A FEDERALLY RECOGNIZED TRIBE. ☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE. ☐ UNKNOWN.					

7. THE PERSON WHO IS CURRENTLY RECEIVING DISTRIBUTIONS OR OTHER MONIES ON THE PROTECTED ADULT'S BEHALF IS:

☐ Same as person listed in item 5. *(If same, skip this item).*

FIRST AND LAST NAME:			RELATIONSHIP OF ACCOUNT OWNER TO THE PROTECTED ADULT:		
STREET ADDRESS:		APT:	DATE OF BIRTH (MM/DD/YYYY)	AGE:	SEX:
CITY:	STATE:	ZIP:	TRIBAL ID OR DRIVER'S LICENSE #:		
RESIDENT IN THE COUNTY OF:		PHONE:		EMAIL:	
TRIBAL AFFILIATION: THE INDIVIDUAL IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA OR ☐ IS A MEMBER OF A WILTON RANCHERIA TRIBAL MEMBER FAMILY. ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN _____, A FEDERALLY RECOGNIZED TRIBE. ☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE. ☐ UNKNOWN.					

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8. FINANCIAL GOALS

Describe your financial goals for the Protected Adult for the next year. *(Include details about how you will help the Protected Adult to learn how to manage money, if applicable, any specific financial skills or classes, specific improvements to their quality of life, how you are safeguarding their finances, etc.)*

ATTACHMENT TO FINANCIAL STATUS REPORT

If more room or detail is needed to explain any item number 1-8, use the space below. **Label each item.**

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9. ATTACHMENTS

- ☐ Confidential Guardianship Status Report on Conditions of Adult.
- ☐ Bank statements for each account for the past year.
- ☐ Credit Card Statements for each account for the past year.
- ☐ Receipts for the Protected Adult's monies that were spent within the past year.
- ☐ Other supporting documents.

FOR ALL ATTACHMENTS: (List one title per box below. Be sure to label each attachment with the same title as listed below and assemble the attachments in the same order as listed below):

10. CERTIFICATION

I certify, under penalty of perjury under the laws of Wilton Rancheria and the State of California, that the foregoing and all attachments are true and correct to the best of my knowledge and belief.

TYPED / PRINTED NAME OF GUARDIAN:	SIGNATURE:	DATE:

TYPED / PRINTED NAME OF CO-GUARDIAN:	SIGNATURE:	DATE: