



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY	TRIBAL BAR NO:	FOR COURT USE ONLY
FIRST AND LAST NAME:		
STREET ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
PHONE:		CASE NUMBER:
EMAIL:		PARTY 1 / PETITIONER:
ATTORNEY FOR (<i>full name</i>):		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>first and last name of protected adult</i>): PROTECTED ADULT		
CONFIDENTIAL GUARDIANSHIP STATUS REPORT ON CONDITION OF VULNERABLE ADULT		
THIS REPORT MUST BE COMPLETED ANNUALLY BY THE GUARDIAN, OR MORE FREQUENTLY IF DIRECTED BY THE COURT. FILL OUT ONE FORM PER CHILD. 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:

2. **PRESENT AGE AND CONTACT INFORMATION** of the protected adult:

AGE:	PHONE:	EMAIL:
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3. **STATUS**

a. Has the protected adult gotten married within the last 12 months? ☐ No ☐ Yes



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

b. If yes, did you file a Petition to Modify or Terminate the Guardianship? ☐ No ☐ Yes ☐ Not yet

c. Has the protected adult become a parent within the last 12 months? ☐ No ☐ Yes ☐ Is expecting

EXPLAIN ITEM 3 IN DETAIL:

4. LIVING ARRANGEMENT

a. The protected adult's **current address**:

STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	COUNTY:
NATURE OF THE ADDRESS (<i>house, apartment, assisted living, care facility, hospital, etc.</i>):			
DATE THEY TOOK RESIDENCE:			
HAVE MOVED WITHIN THE LAST YEAR: ☐ NO ☐ YES (<i>If yes, state the reasons for the change</i>):			
LIVES WITH THE GUARDIAN: ☐ YES ☐ NO (<i>If no, explain why not</i>):			
IF THEY DO NOT LIVE WITH YOU, PROVIDE THE DATE WITHIN THE LAST YEAR YOU WERE LAST INSIDE THEIR RESIDENCE:			
THE LIVING ARRANGEMENT IS:		THE LIVING ARRANGEMENT HAS:	
☐ excellent ☐ good ☐ fair ☐ poor		☐ remained about the same ☐ improved ☐ worsened	
I BELIEVE THE PROTECTED ADULT IS ☐ content ☐ unhappy with the living arrangement (<i>explain</i>):			



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

b. Other adults aged eighteen (18) or older in the residence (that moved in after guardianship was granted):

HAVE ANY PERSONS AGED EIGHTEEN (18) OR OLDER MOVED OR PLAN TO MOVE INTO THE PROTECTED ADULT'S RESIDENCE WHO WERE NOT PREVIOUSLY LIVING THERE AT THE TIME THE GUARDIAN WAS APPOINTED? ☐ no ☐ yes (If yes, provide the information below)		
FULL NAME:	DATE OF BIRTH (MM/DD/YYYY):	AGE:
PHONE:	EMAIL:	
☐ MOVED IN ON THIS DATE (MM/DD/YYYY): ☐ WILL MOVE IN ON OR AROUND THIS DATE (MM/DD/YYYY):		
THIS MOVE IS: ☐ permanent ☐ temporary until on or around this date:		
IS THIS INDIVIDUAL ON PAROLE? ☐ NO ☐ YES (If yes, explain):		
TRIBAL AFFILIATION: ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA ☐ 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		

5. HEALTH

a. The protected adult's physical and mental health:

PHYSICAL CONDITION IS: ☐ excellent ☐ good ☐ fair ☐ poor	PHYSICAL CONDITION HAS: ☐ remained about the same ☐ improved ☐ worsened
HYGIENE CONDITION IS: ☐ excellent ☐ good ☐ fair ☐ poor	HYGIENE CONDITION HAS: ☐ remained about the same ☐ improved ☐ worsened
MENTAL HEALTH CONDITION IS: ☐ excellent ☐ good ☐ fair ☐ poor	MENTAL HEALTH CONDITION HAS: ☐ remained about the same ☐ improved ☐ worsened
If worsened, label each item, explain how and why it worsened and your plan to help:	



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO: _____

HEALTH INSURANCE:

- ☐ The adult has health insurance through ☐ MediCal ☐ Other (specify): _____
- ☐ The adult does not have health insurance because (explain): _____

EMOTIONAL AND/OR BEHAVIORAL ISSUES:

Is the protected adult having any emotional or behavioral problems that cause you concern?

- ☐ No ☐ Yes (if yes, explain): _____

SIGNIFICANT EVENTS:

(describe any significant events affecting the protected adult that happened during the year, such as the death of a parent or child, abuse, or major illness):

PROGRESS:

Is the protected adult making progress towards no longer needing guardianship? ☐ No ☐ Yes

PHYSICAL HEALTH *(give examples of the protected adult's ability/inability to move and exercise, maintain personal hygiene, make and attend routine medical appointments, take medication as prescribed, etc.):*

FOOD *(give examples showing the protected adult's ability/inability to eat or drink, shop for food, prepare food, etc.):*

CLOTHING *(give examples showing the protected adult's ability/inability to get dressed, do laundry, shop for clothing, etc.):*

SHELTER *(give examples showing the protected adult's ability/inability to pay for rent or mortgage, pay utility bills, keep house, etc.):*

GOALS *(describe your goals for the protected adult for the next year):*



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

b. List of health professionals the protected adult has seen in the past 12 months.

DATE LAST SEEN:	ISSUE / TREATMENT:	PROVIDER'S NAME AND PHONE:
TYPE OF HEALTH PROFESSIONAL: ☐ medical ☐ dental / orthodontia ☐ vision ☐ mental health ☐ other (<i>specify</i>):		

DATE LAST SEEN:	ISSUE / TREATMENT:	PROVIDER'S NAME AND PHONE:
TYPE OF HEALTH PROFESSIONAL: ☐ medical ☐ dental / orthodontia ☐ vision ☐ mental health ☐ other (<i>specify</i>):		

DATE LAST SEEN:	ISSUE / TREATMENT:	PROVIDER'S NAME AND PHONE:
TYPE OF HEALTH PROFESSIONAL: ☐ medical ☐ dental / orthodontia ☐ vision ☐ mental health ☐ other (<i>specify</i>):		

DATE LAST SEEN:	ISSUE / TREATMENT:	PROVIDER'S NAME AND PHONE:
TYPE OF HEALTH PROFESSIONAL: ☐ medical ☐ dental / orthodontia ☐ vision ☐ mental health ☐ other (<i>specify</i>):		

6. SERVICES AND RESOURCES

In the past year, the protected adult received the following services and/or resources:

DATE LAST SEEN:	AGENCY NAME:	PROVIDER'S NAME AND PHONE:
TYPE OF SERVICE / RESOURCE RECEIVED: ☐ social work ☐ counseling ☐ rehabilitation ☐ other:		FROM THIS SOURCE: ☐ tribal ☐ federal ☐ state ☐ city ☐ community ☐ other:
WERE ANY OF THESE IN-PATIENT? ☐ No ☐ Yes, from this date: _____ to this date: _____.		

DATE LAST SEEN:	AGENCY NAME:	PROVIDER'S NAME AND PHONE:
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CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

TYPE OF SERVICE / RESOURCE RECEIVED: ☐ social work ☐ counseling ☐ rehabilitation ☐ other:	FROM THIS SOURCE: ☐ tribal ☐ federal ☐ state ☐ city ☐ community ☐ other:
WERE ANY OF THESE IN-PATIENT? ☐ No ☐ Yes, from this date: _____ to this date: _____.	

7. EDUCATION AND WORK

The protected adult's education and work information (*if not applicable, leave blank*):

NAME OF SCHOOL OR WORK:	TYPE OF EDUCATION: ☐ school ☐ alternative education	CURRENT GRADE:
SCHOOL OR WORK ADDRESS:	SCHOOL OR WORK EMAIL AND PHONE:	
TYPE OF DEGREE: ☐ High School Diploma ☐ G.E.D. ☐ Other (<i>specify</i>):	PROPOSED GRADUATION DATE:	
TYPE OF WORK / JOB TRAINING:	EMPLOYER OR TRAINER NAME:	
HOURS PER WEEK:	EMPLOYMENT OR PROGRAM DURATION:	
MAJOR CHANGES: (<i>describe any major changes in the protected adult's schooling, work, or job training in the past year</i>):		

8. TRANSPORTATION

The protected adult's transportation information:

MAIN FORM OF TRANSPORTATION: ☐ guardian ☐ own vehicle ☐ public transit ☐ other (<i>specify</i>):	
THE TRANSPORTATION IS: ☐ reliable ☐ in need of repair ☐ inaccessible ☐ other (<i>specify</i>):	
THE PROTECTED ADULT IS AT LEAST SIXTEEN (16) YEARS OLD AND: ☐ has a ☐ valid driver's permit ☐ valid driver's license ☒ drives ☐ no ☐ yes ☐ unable ☐ unwilling OR ☐ is in the process of obtaining a ☐ driver's permit. ☐ driver's license.	
OWNS A VEHICLE: ☐ No ☐ Yes	THE VEHICLE WAS: ☐ gifted to the protected adult



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

	☐ purchased for the protected adult by the following person: ☐ the guardian ☐ the protected adult ☐ someone else (<i>specify</i>):
WHOSE FUNDS WERE USED TO PURCHASE THE VEHICLE? (<i>specify first and last name and their relationship to the protected adult</i>):	
BUSINESS OR INDIVIDUAL THE VEHICLE WAS PURCHASED FROM (<i>if an individual, specify the first and last name and relationship to the protected adult</i>):	
SPECIFY HOW MUCH IS STILL OWED ON THE VEHICLE AND TO WHOM IT IS OWED:	
IF THE PROTECTED ADULT OWNS THE VEHICLE: Is the registration current ☐ No ☐ Yes ☐ In process Name on registration:	
IF THE PROTECTED ADULT OWNS THE VEHICLE: Is the insurance current ☐ No ☐ Yes ☐ In process Name of insured:	
THE VEHICLE'S CURRENT LOCATION IS: (<i>specify full address if different from the protected adult's address</i>)	
☐ THE PROTECTED ADULT OWNS THE VEHICLE BUT IT IS NOT CURRENTLY IN THEIR POSSESSION (<i>If no, skip to item 9. If yes, explain who has it, why they have it, and explain when and if it will be returned</i>):	

9. ACTIVITIES AND SOCIAL CONDITION

a. The protected adult's social condition:

SOCIAL CONDITION IS: ☐ excellent ☐ good ☐ fair ☐ poor	SOCIAL CONDITION HAS: ☐ remained about the same ☐ improved ☐ worsened
THE PROTECTED ADULT'S SOCIAL ACTIVITIES (<i>describe their activities including <u>tribal/cultural</u>, recreational, educational, church, occupational, etc., and how you help them to participate in these activities</i>):	



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

b. Visitation with family members:

FIRST AND LAST NAME:		PHONE AND/OR EMAIL:	
STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	COUNTY:
THE VISITS ARE SUPERVISED: ☐ No ☐ Yes			
HOW ARE THE VISITS ARRANGED?			
FREQUENCY OF VISITS / CONTACT:		AVERAGE LENGTH OF VISITS / CONTACT:	
LOCATION OF VISITS OR TYPE OF CONTACT:		THE VISITS ARE OVERNIGHT: ☐ No ☐ Yes	
ANY PROBLEMS DURING THE VISITS OR WITH THE CONTACT? ☐ Yes ☐ No (If yes, explain):			

FIRST AND LAST NAME:		PHONE AND/OR EMAIL:	
STREET ADDRESS:		APT:	
CITY:	STATE:	ZIP:	COUNTY:
THE VISITS ARE SUPERVISED: ☐ No ☐ Yes			
HOW ARE THE VISITS ARRANGED?			
FREQUENCY OF VISITS / CONTACT:		AVERAGE LENGTH OF VISITS / CONTACT:	
LOCATION OF VISITS OR TYPE OF CONTACT:		THE VISITS ARE OVERNIGHT: ☐ No ☐ Yes	
ANY PROBLEMS DURING THE VISITS OR WITH THE CONTACT? ☐ Yes ☐ No (If yes, explain):			



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

c. If the protected adult does not live with you, describe your contact with them in the past year.

HOW ARE THE VISITS ARRANGED:	
TYPE OF CONTACT <i>(for example, in-person, mail, phone, video chat, social media, etc.):</i>	
FREQUENCY OF VISITS / CONTACT:	AVERAGE LENGTH OF VISITS / CONTACT:
LOCATION OF VISITS:	THE VISITS ARE OVERNIGHT: ☐ No ☐ Yes

10. OTHER CASES

Within the past year, has the protected adult been involved in any other Tribal or State Court cases?

☐ No ☐ Yes *(If yes, fill in the information below, if no, skip to item 11)*

TYPE OF CASE: ☐ Divorce ☐ Legal Separation ☐ Child Support ☐ Parentage / Paternity ☐ Domestic Violence ☐ Criminal ☐ Civil Harassment ☐ Juvenile (Delinquency or Child Welfare)			
THE CASE IS IN: ☐ State Court ☐ Tribal Court		NAME OF COURT:	
CASE NUMBER (IF KNOWN):	COUNTY:		
DATE OF ARREST:	CHARGE TITLE:	SENTENCE:	
THE PROTECTED ADULT HAS AN: ☐ attorney ☐ advocate ☐ No ☐ Yes ☐ In process ☐ I don't know			
ATTORNEY OR ADVOCATE NAME:		EMAIL AND PHONE:	
NEXT HEARING IN (name of Court):	DEPT NUMBER:	DATE (MM/DD/YYYY):	TIME: ☐ AM ☐ PM

11. GUARDIANSHIP

a. The guardianship ☐ should ☐ should not continue because:

b. I ☐ am ☐ am not willing to continue to serve as guardian.

NOTE: To modify or terminate the guardianship, you must file a Guardianship Petition to Modify or Terminate form.



CONFIDENTIAL
IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO:

ATTACHMENT TO REPORT

If more room or detail is needed, use the space below to explain any item number 1-11. **Label each item.**

12. ATTACHMENTS

- ☐ Confidential Guardianship Report on Financial Accounting of Adult
- ☐ Other supporting documents

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

13. 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: