

Guardianship Report

Please return this to the Court Administrator (at least 14 days) prior to your upcoming hearing date. Attach a current photograph of each ward.

Ponca Tribal Court
206 Starting Point Dr
Ponca City, OK 74601
(580) 762-0381
dawn.nicholas@ponca-nsn.gov

Guardian of (Name) _____ **Child** **Adult**

DOB _____

Name of Guardian _____

Date _____

Phone Number _____

Email _____

Case No _____

Please provide a relative's name, phone, and address in case we are unable to reach you.

1. How is the guardianship going in your opinion? Explain. _____

2. Have there been any major changes since the last guardianship hearing? Explain.

3. Have there been any changes in the ward's physical health? When and why was the ward last seen by a physician? Dentist? Has the ward had an eye exam?

Explain. _____

4. Have there been any changes in the ward's mental health? Is he/she receiving counseling? Any other services? Explain. _____

5. Have there been any changes in the ward's behavior? Good or bad. Explain. _____

6. How is school going (if this is a child's guardianship)? Does the child attend public, private, online, or home school? What is the name and address of the school, name of the principal, and name of the homeroom teacher? What grade is the child in? What school activities does the child participate in? List any achievements or problems. Explain.

7. What activities does the ward (outside of school if a child) enjoy?

8. How is your relationship with the ward? Explain. _____

9. How is the ward's relationships with others? Explain. _____

10. Please provide financial accounting including bank statements for the ward's accounts. What income does the ward receive such as social security (list the payee) and/or tribal benefits? What assets does the ward have? _____

11. Has the residence of the ward changed recently? If so, why? _____

12. Is there anything else you would like to make note of? _____

13. Do you believe the guardianship should be continued? Explain. _____
