

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

No. _____

In the matter of

Minor

GUARDIAN'S ANNUAL REPORT

I, _____, Guardian of the above named minor submit the following information as required pursuant to the provisions of 475.082 R.S. Mo 1985.

The present address of the minor is _____
_____.

My present address is _____
_____.

During the past year the minor had contacts with parents _____ times.

The nature and description of the contacts with the parents – _____

_____.

Date minor last saw the parents was _____.

The minor is currently enrolled in school at: _____
_____.

The date the minor was last seen by a physician is _____. The purpose of the visit by a physician was _____

_____.

General condition of minor's health _____

I feel that the continuance of the guardianship is/is not needed for the following reasons: _____

Comments: _____

Return To:

St. Louis County Probate Court
7900 Carondelet, Fifth Floor
Clayton, MO 63105

Signed this _____ day of _____, 20 _____

Signature of Guardian

Typed Name of Guardian

Street Address

City State Zip Code

Telephone Number

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REQUIRED INFORMATION

(Supreme Court Rule 21.06 requires that we obtain social security numbers and dates of birth for parties in Probate Cases. **THIS INFORMATION IS KEPT CONFIDENTIAL – ONCE ENTERED INTO SYSTEM, THIS SHEET IS DESTROYED BY SHREDDING.**) **If previously submitted with prior reports, not necessary to complete.**

In the Estate of _____ No. _____

Guardian

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)

Guardian

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)

Ward or Minor

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____
(required) (required)