

**State of Minnesota**

**District Court  
Probate Division**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File No.: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Guardianship/Conservatorship

In Re: the Guardianship of \_\_\_\_\_

**Personal Well-Being Report**  
(Annual Report of Guardian)

Minn. Stat. § 524.5-316

This annual Personal Well-Being Report is for the reporting period from \_\_\_\_\_  
(MM/DD/YY)  
to \_\_\_\_\_  
(MM/DD/YY).

**The Guardian (You)**

Your name, and the address and phone number where you can be contacted:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_

**The Person Subject to Guardianship**

1. **Current Address.** The current address and living arrangement of the person subject to guardianship:

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Living Arrangement: \_\_\_\_\_

2. **Previous Addresses.** Has the person subject to guardianship lived at any other address during this reporting period?  Yes  No

**If Yes:**

Street Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Living Arrangement: \_\_\_\_\_

Date Range Person Subject to  
Guardianship Lived Here: \_\_\_\_\_

*If there is more than one previous address, add another sheet.*

**Current Conditions**

For questions #3 through #5, rate the **current** mental, physical, and social conditions of the person subject to guardianship by choosing a number on a scale of 1 to 5 (1 = very poor, and 5= excellent). Then give a brief explanation of why you rated the way you did.

3. How do you rate their current **mental** condition?

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very poor		Excellent		

The reason you gave this rating: \_\_\_\_\_

4. How do you rate their current **physical** condition?

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very poor		Excellent		

The reason you gave this rating: \_\_\_\_\_

5. How do you rate their current **social** condition?

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very poor		Excellent		

The reason you gave this rating: \_\_\_\_\_

**The Guardianship**

6. **Contact.**

a. In the last year, how often have you had contact with the person subject to guardianship?

- Daily
- Weekly
- Monthly
- Other: \_\_\_\_\_

b. How do you usually contact the person subject to guardianship?

- In person
  - By telephone
  - By text
  - By email
  - Other: \_\_\_\_\_
- 

**Services**

Questions #7 through #10 ask whether the person subject to guardianship received any **medical, educational, vocational, or other services** in the last year.

7. Did the person receive any **medical services** in the past year?

- Yes       No

**If Yes:**

Describe: \_\_\_\_\_

Were the medical services adequate?

- Yes  
 No, because: \_\_\_\_\_

8. Did the person receive any **educational services** in the past year?

- Yes       No

**If Yes:**

Describe: \_\_\_\_\_

Were the educational services adequate?

- Yes  
 No, because: \_\_\_\_\_

9. Did the person receive any **vocational services** in the past year?

- Yes       No

**If Yes:**

Describe: \_\_\_\_\_

Were the vocational services adequate?

- Yes  
 No, because: \_\_\_\_\_

10. Did the person receive any **other services** in the past year?

- Yes       No

**If Yes:**

Describe: \_\_\_\_\_

Were the other services adequate?

- Yes  
 No, because: \_\_\_\_\_

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11. **Restrictions.** Did you place any restrictions on the right of the person subject to guardianship to communicate with and visit with anyone?

- Having visitors;
- Making or receiving telephone calls;
- Sending or receiving personal mail;
- Sending or receiving electronic communications (including through social media); and/or
- Participating in social activities.

Yes       No

If Yes:

Did you provide written notice of the restrictions to the following?

Court	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person subject to guardianship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Person subject to the restriction	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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12. **Payment for Services.**

- a. Have you received any payment for services to the person subject to guardianship in the past year that was not reimbursed by county contract?       Yes     No

If Yes:

How much did you receive? \$ \_\_\_\_\_

- b. **Guardian's Current Rate.** List the current rate you charge, or enter \$0 if you do not charge for your services: \$ \_\_\_\_\_ per \_\_\_\_\_ (hour, day, etc.)

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13. **Continuation or Changes to the Guardianship.** *Any information you include here is so that the court knows your opinion about the guardianship. This is not a formal request to change or end the guardianship (there are other forms available at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) (choose "Guardianship/Conservatorship" category) for making these requests.*

- a. Do you believe the person should still be under guardianship?  Yes     No

Explain: \_\_\_\_\_

- b. Do you think the guardianship should be changed?     Yes     No

Explain: \_\_\_\_\_

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14. Are you a professional guardian?       Yes       No

Under Minnesota law, a professional guardian means a person acting as guardian for three or more people who are not related to the guardian by blood, adoption, or marriage.

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Everything I have stated in this report is true and correct.

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Dated

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Signature of Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Each year, this report must be given to the person subject to guardianship and to interested persons of record with the court within 30 days after the anniversary of the appointment of the guardian. If the Personal Well-Being Report is not filed within 60 days of the due date, the court shall issue an Order to Show Cause.

An interested person may notify the court in writing that they do not want to receive copies of annual reports as required by law. There is a *Waiver of Notice* form (GAC110) online at [www.mncourts.gov/forms](http://www.mncourts.gov/forms) (choose the “Guardianship/Conservatorship” category).