**IN THE DISTRICT COURT**

**OF THE ABSENTEE SHAWNEE TRIBE**

**OF OKLAHOMA**

In The Matter of the Guardianship Of: )

)

, ) Case No.: (name) (dob) )

)

, ) (name) (dob) )

)

Minor Child(ren). )

**ANNUAL JUVENILE GUARDIANSHIP REPORT**

I, \_, Guardian for \_, a minor

Kickapoo child, hereby submit this Annual Guardianship Report.

1. The Ward(s) place of residence is:

2. The Ward(s) has the following special needs:

3. The special needs of the Ward are met as follows:

4. These special needs (are, are not) addressed in the current Guardianship Order as approved by the Court.

5. I (have, have not) taken any significant actions for or on behalf of the Ward since the last time I submitted a

Guardianship Report.

If so, the actions are as follows:

6. There (has, has not) been any significant problems relating to the guardianship since the last Guardianship

Review.

If so, the problems are as follows:

7. I (am, am not) willing and able to continue serving as the guardian for the above named Ward(s).

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Date of Report:

Signature of Guardian(s):

VERIFICATION

STATE OF OKLAHOMA )

) ss: COUNTY OF LINCOLN )

I, , guardian in the above styled and numbered cause, of legal age and having been first duly sworn upon by oath, state that I have read the above and foregoing report, that the matters and things stated therein are true and correct, to my best knowledge and belief.

Dated this day of 20 .

Guardian

Subscribed and sworn to before me, notary public/court clerk/deputy court clerk, this day of

\_, 20 .

Notary Public/Deputy Court Clerk/Court Clerk

My Commission Expires:

Commission No.:

|  |  |  |
| --- | --- | --- |
| **INCOME RECEIVED** | **EXPENDITURES** |  |
| Amount $ | Food | $ |
| Source of Income: | Housing | $ |
| Social Security (Survivor’s Benefits) | Utilities | $ |
| Social Security (SSI) | Transportation | $ |
| T ANF | Clothing | $ |
| Medical (Sooner Care) | Shoes | $ |
| Child Support (from whom) | Personal Items | $ |
|  | School: dues | $ |
| Inheritance | sports | $ |
| Per Capita | lunch | $ |

Other (explain) Extra Curricular Activities $

Medical$

Dental $

Prescription $

Total Income Received: $

Glasses $

Cultural Purchases $

Camps $

Total Expenses $

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