

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS
IN THE COURT OF CENTRAL JURISDICTION**

District I

District II

District III

In the Matter of the Guardianship of:

Case File No. _____

Minor Child.

**GENERAL GUARDIAN'S
ANNUAL REPORT
(MINOR)**

Minor Child's Date of Birth: _____
(MM/DD/YYYY)

CURRENT REPORTING PERIOD FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)

(Reporting date must be for the past year and may not report into the future).

Instructions to Guardian:

You are required to complete a Guardianship Report every year on behalf of the Child. If you are guardian to more than one child, a report must be filed for each child. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers.

I. CONTACT INFORMATION

Child's Information: **Check if updated from last report**

Name:		Age:
Enrolled Mille Lacs Band Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: ()
Name of Living Facility (if any):		
Street Address:		
City:	State:	Zip Code:

Guardian's Information: **Check if updated from last report**

Name:		Date of Birth:
Relationship to Child:		
Occupation:		
Phone: ()		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:

Co-Guardian's Information: **Check if updated from last report**

Name:		Date of Birth:
Relationship to Child:		
Occupation:		
Phone: ()		
Street Address:		
City:	State:	Zip Code:
Mailing Address, if different:		
City:	State:	Zip Code:

If the Child has moved since the last reporting period, identify the date of move, address of new residence, type of residence and reason for change: **Check if no change**

Date of Move:	ResidenceType:
Facility Name:	
Residence Address:	
Reason for Change:	

II. CHILD'S SCHOOL STATUS

A. Is the Child attending school regularly? **Yes** **No**

If **Yes**, complete the information below.

Name of School _____ Current Grade: _____

Address: _____

Phone No: _____

Child's grades are: Excellent Average Below Average

If **Below Average** explain why: _____

If **No**, explain why the Child (if between ages 6 and 16) is not attending school:

B. Has the Child had any incident reports in school? **Yes** **No**

If **Yes**, what are the dates and circumstances of the incident(s)?

C. What steps have been taken to address any issues that have arisen with the Child's school performance or behavior?

III. CHILD'S HEALTH AND WELL-BEING

A. Is the Child in good health? **Yes** **No**

B. Date of Child's last medical exam: _____

Are the Child's immunizations current? **Yes** **No**

If **No**, explain: _____

C. Date of Child's last dental exam: _____

Does the Child need any dental work? **Yes** **No**

D. Date of Child's eye exam: _____

Does the Child need any vision correction? **Yes** **No**

C. Is the Child covered under health and/or dental insurance? **Yes** **No**

Which coverage? Private Insurance Circle of Health MNsure
 Indian Health Service Other

If **No**, explain efforts to obtain coverage.

IV. CHILD'S MENTAL HEALTH

A. Has the Child experienced any mental health issues during this reporting period?

Yes **No**

B. Please describe any steps taken to address the Child's mental health issues (for example, counseling, therapy, or meeting with a spiritual advisor, etc.)

V. CHILD'S INTERACTION WITH LAW ENFORCEMENT

A. Has the Child had any interaction with law enforcement during this reporting period?

Yes **No**

If yes, please give date(s) of the interaction, describe the details, and state the outcome of the interaction(s):

B. Has the Child been involved in a juvenile delinquency case or any other type of court action?

Yes **No**

If **Yes**, in which County or Tribal Court? _____

List the juvenile offense(s) the Child is charged with: _____

VI. CHILD'S PROPERTY

Do you have possession or control over the Child's assets, for example, property (real estate and personal property items) and/or financial accounts? **Yes** **No**

Please indicate which of the Child's bank accounts you have control or possession of:

Bank Accounts

Financial Institution's Name	Account's Last 4 Numbers	Current Value
		\$
		\$
Total		\$

CERTIFICATE OF SERVICE

I certify that on _____, a copy of this General Guardian's Annual Report (Minor)
(date)
was served as follows on:

Name and Address	Relationship to Minor Child	Manner of Service*

*Insert one of the following: hand delivery, first-class mail, certified mail, email, or fax.

Printed Name

Signature