
Name of Guardian

Address

City, State, Zip Code

Telephone Number

E-Mail Address

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

In the Matter of the Guardianship of _____) Case No. _____
)
) ANNUAL REPORT OF THE
_____,) GUARDIAN(S) OF A MINOR FOR
(Full Legal Name)) PERIOD OF _____ TO
A Minor,) _____; NOTICE OF FILING
Born on _____) OF ANNUAL REPORT
)
) Minor's Name: _____

**ANNUAL REPORT OF THE GUARDIAN(S) OF A MINOR
FOR PERIOD OF _____ TO _____**

Age of Minor: ____ Weight: ____ Height: ____

Picture: (Attach/paste a recent full body photograph taken within the last 30 days)

(Attach Photograph Here)



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require reasonable accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at (808) 954-8200, fax (808) 954-8308, or via email at adarequest@courts.hawaii.gov at least ten (10) working days prior to your hearing or appointment date.

Please call the Family Court Service Center at (808) 954-8290 if you have any questions regarding forms or procedures.

1. INFORMATION ON GUARDIAN(S)

a. _____
Guardian's Name Date Appointed

Residence Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Telephone Number E-mail Address

b. _____
Guardian's Name Date Appointed

Residence Address, City, State, Zip Code

Mailing Address, City, State, Zip Code

Telephone Number E-mail Address

2. RESIDENTIAL ADDRESS OF MINOR (During the period covered by this Annual Report)

Minor's Residence Address, City, State, Zip Code Telephone Number

Caregiver's Name Telephone Number E-Mail Address

a. Home, Apartment, or other (if other please explain):

b. Describe Minor's sleeping arrangements (e.g., own bedroom, share room):

3. PRIMARY CARE PHYSICIAN (During the period covered by this Annual Report)

Doctor's Name, Address, City, State, Zip Code

Telephone Number

a. Date of Last Physical: _____

b. Dates of Appointments: _____

c. Describe the Reason for Each Doctor's Visit: (Attach additional pages if necessary)

d. Statement of Minor's Current Physical Health, and include any injuries or illnesses during this reporting period: (Attach additional pages if necessary)

4. HOSPITALIZATIONS, URGENT CARE, AND EMERGENCY ROOM VISITS

a. Date of hospitalizations (During this Reporting Period): _____

b. Which hospital, and reason for the hospitalization:

c. Dates of urgent care visits (During this Reporting Period): _____

d. Which urgent care, and the reason for the visit:

e. Dates of emergency room visits (During this Reporting Period): _____

f. Which emergency room, and the reason for the visit:

5. MENTAL HEALTH CARE PROVIDERS (During the period covered by this Annual Report)

a. Psychiatrist or Psychologist

Doctor's Name, Address, City, State, Zip Code Telephone Number

i. Date of Appointments: _____

ii. Reason for visits, and diagnosis, if any: (Attach additional pages if necessary)

b. Therapist

Therapist's Name, Address, City, State, Zip Code Telephone Number

i. Date of Appointments: _____

ii. Reason for visits, and diagnosis, if any: (Attach additional pages if necessary)

c. Statement of Minor's Current Mental Health: (Attach additional pages if necessary)

6. DENTAL APPOINTMENTS (During the period covered by this Annual Report)

Doctor's Name, Address, City, State, Zip Code Telephone Number

a. Date of Last Dental Appointment: _____

b. Date of Appointments: _____

c. Describe the Reason for Dental Visit: (Attach additional pages if necessary)

d. Statement of Minor's Current Dental Health: (Attach additional pages if necessary)

7. VISION APPOINTMENTS (During the period covered by this Annual Report)

Doctor's Name, Address, City, State, Zip Code Telephone Number

Doctor's Name, Address, City, State, Zip Code Telephone Number

a. Date of Last Vision Appointment: _____

b. Date of Appointments: _____

c. Describe the Reason for Vision Appointment: (Attach additional pages if necessary)

d. Statement of Minor's Current Vision: (Attach additional pages if necessary)

8. MEDICAL DENTAL, AND VISION INSURANCE

(Attach copy of Insurance Card)

9. EDUCATION (During the period covered by this Annual Report)

| | |
|---|------------------|
| School Name, Address, City, State, Zip Code | Telephone Number |
| School Name, Address, City, State, Zip Code | Telephone Number |

- a. Current Grade Level: _____
- b. Last date attended school: _____
- c. School Grades: (Attach most recent report card): _____
- d. Is minor home-schooled: ___ Yes ___ No (If the answer is "yes", please attach a copy of the annual report of the child's progress pursuant to HAR 8-12-18(b), and answer question i. and ii below; and if the answer is "no" please proceed to question 9e.)
 - i. Describe when minor began home-schooling, the reason(s) for minor being home-schooled, and the basic curriculum being followed:

 - ii. Describe any in-person contacts or visits from the Department of Education personnel:
- e. Does Minor have an Individual Education Plan: ___ Yes ___ No (If yes, please attach).
- f. Does Minor have a 504 Plan: ___ Yes ___ No (If yes, please attach).

g. Statement of Minor's progress in school: (Attach additional pages if necessary)

h. Describe Minor's extracurricular activities:

10. CONTACT WITH DEPARTMENT OF HUMAN SERVICES (During the period covered by this Annual Report)

a. Date of Contacts: _____

b. Social Worker: _____
(Social Worker Name) Telephone Number

c. Describe the Reason for Contact or Visit: (Attach additional pages if necessary)

11. Please include any additional information you believe is relevant to this Annual Report.

THE UNDERSIGNED SOLEMNLY AND SINCERELY DECLARES, UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE HEREIN ARE COMPLETE, TRUE, AND ARE MADE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

 Guardian's Signature

 Date

 Guardian's Signature

 Date

Date Report Due: _____

Return completed form to:

Attention: Program Specialist

Office of the Deputy Chief Court Administrator
 Ronald T.Y. Moon Kapolei Courthouse
 4675 Kapolei Parkway, Kapolei, Hawai'i 96797

IN THE FAMILY COURT OF THE FIRST CIRCUIT

STATE OF HAWAI'I

| | | |
|--------------------------------------|---|----------------------------|
| In the Matter of the Guardianship of |) | Case No. _____ |
| |) | |
| _____ |) | ANNUAL REPORT OF THE |
| (Full Legal Name) |) | GUARDIAN(S) OF A MINOR FOR |
| A Minor, |) | PERIOD OF _____ TO |
| Born on _____ |) | _____; NOTICE OF FILING |
| |) | OF ANNUAL REPORT |
| |) | Minor's Name: _____ |

NOTICE OF FILING OF ANNUAL REPORT OF THE GUARDIAN(S) OF A MINOR

STATE OF HAWAI'I

TO:

Name and Address: (DHS Required)

Name and Address:

Department of Human Services

Child Welfare Services

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Name and Address:

Name and Address:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Notice is hereby given that the above guardian(s) have submitted the attached Annual Report to the Family Court of the First Circuit and that copies will be forwarded to the above-named person(s) no later than fourteen (14) days after the date noted below.

DATED: Kapolei, Hawai'i, _____.

Guardian's Signature

Date