
Name of Guardian

Address

City, State, Zip Code

Telephone Number

E-Mail Address

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

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: _____

**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)



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation. Call the ADA Coordinator at (808) 961-7629, Fax (808) 961-7577, or send an e-mail to adarequest@courts.hawaii.gov. The ADA Coordinator will try to provide, but cannot guarantee, the requested auxiliary aid, service, or accommodation.

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: _____

Hale Kaulike
777 Kilauea Avenue
Hilo, Hawai'i 96720

Keahuolu Courthouse
74-5451 Kamakaeha Avenue
Kailua-Kona, Hawai'i 96720

South Kohala
67-5187 Kamamalu Street
Kamuela, Hawai'i 96743

IN THE FAMILY COURT OF THE THIRD CIRCUIT

STATE OF HAWAII

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

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

STATE OF HAWAII

TO:

Name and Address: (DHS Required)

Department of Human Services

Child Welfare Services

Name and Address:

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 Third 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: _____, Hawaii, _____.

Guardian's Signature

Date