

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS
DISTRICT _____**

IN THE COURT OF CENTRAL JURISDICTION

In the Matter of the _____

Case File No. _____

- Guardianship
 Conservatorship

of:

**MONTHLY ACCOUNTING
(ADULT GUARDIANSHIP
AND/OR CONSERVATORSHIP)**

Ward.

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

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

Instructions to Guardian/Conservator:

When answering the questions in this report, you are required to provide details. Answers such as "same as last report" and "no change since last report" are not acceptable answers.

I. CONTACT INFORMATION

Ward's Information: Check if updated from last report

Name:		Date of Birth:
Phone: ()		Sex:
Name of Living Facility (if any):		
Street Address:		
City:	State:	Zip Code:

Guardian/Conservator's Information: Check if updated from last report

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

II. ACCOUNT BALANCES

Bank/Credit Union Accounts

Financial Institution's Name	Account's Last 4 Numbers	Current Value
1.		\$
2.		\$

Investment or Retirement Accounts

Financial Institution's Name	Account's Last 4 Numbers	Current Value
1.		\$
2.		\$

Real Estate Owned

Address or Description	Estimated Value	Sold in the last month?
1.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

		Sale price: \$
2.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No Sale price: \$

III. INCOME & EXPENSES

Ward's Income During Reporting Period

Source of Income	Gross Amount	Net Amount
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
TOTAL NET AMOUNT		\$

Expenditures Made on Behalf of Ward During Reporting Period (include funds given to the Ward directly)

Date	Payee	Description	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL EXPENDITURES	\$
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Outstanding Debts

Payee	Amount Owed
	\$
	\$

SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD		
Beginning balance of all bank accounts	\$	
Net Income	+\$	
Total Expenditures	-\$	
Ending balance of all bank accounts	\$	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of your appointment. The Court or the Ward may request copies at any time.

- By checking this box, I am acknowledging that I have attached to this Monthly Accounting the **monthly bank statement(s)** for each of the Ward's accounts that I have control and authority over for this reporting period.
- By checking this box, I am acknowledging that I have attached to this Monthly Accounting copies of **receipts for expenditures** made on the Ward's behalf from account(s) that I have control and authority over for this reporting period.

VERIFICATION

I declare under penalty of perjury that the information provided in this Guardian's Report is true and correct.

Executed on the _____ day of _____, _____.
(date) (month) (year)

Guardian/Conservator's Signature

CERTIFICATE OF SERVICE

I certify that a true and correct copy of this Guardian/Conservator's Monthly Accounting was served as follows on:

Name	Relationship to Ward	Manner of Service*	Date Served
	Ward		

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

Signature

Printed Name