

Instructions for completing  
**Report of the Guardian of the Person - Minor**  
(NHJB-2170-FP)

Form use. This form is used to keep the court informed of the welfare of the child under guardianship. RSA 463 requires that the guardian of a minor child file a report 6 months after appointment and then each year to report on the general status of that child.

Top section of form

- COURT NAME:** Enter the name of the circuit court where the document will be filed. (example: 5<sup>th</sup> Circuit – Family Division-Claremont; 9<sup>th</sup> Circuit – Probate Division- Nashua).
- CASE NAME:** Enter the name of the case (example: Guardianship of John Adams; Guardianship of Susan Jones).
- CASE NUMBER:** Leave blank if not yet assigned by court OR fill in case number if it is known.
- REPORTING PERIOD:** Enter the dates (FROM: month/day/year, TO: month/day/year) that you are reporting on.

Numbered section of form

1. The **Guardian Name** is the name of the person filing this report. Enter that person's name, telephone number and complete mailing address with zip code.  
If there are co-guardians, the second person's name, telephone number and address information.
2. The **Minor Name** is the name of the child who is under guardianship. Enter the child's name, telephone number and complete mailing address with zip code.  
Enter the **Residence Address**, if the child's mailing address is different from his/her physical street address.  
Enter the **Type of Facility** and telephone number of the place where the child resides, if not living in a private home. (e.g. group home, etc.).
3. Enter the **Name of the Institution** and complete mailing address with zip code, in which the child is living.
4. Describe the **Physical health of the minor** by explaining the general overall health of the child.  
List any **significant changes** in the child's health during this reporting period.
5. Enter the dates and reasons for any **Hospitalizations** during this reporting period.  
Enter the dates and the **surgical procedure** performed on the child during this reporting period.  
List any **Illnesses** experienced by the ward during this reporting period.
6. Describe the **Mental Health** condition of the minor.  
List any **Psychiatric treatments** including therapy, medications or other treatments the child has received during this reporting period.
7. Check off either the 'yes' or 'no' box to indicate whether or not any **Changes in living conditions** have occurred in the household or residence during this reporting period. If yes, explain the changes in detail.
8. Enter the names and addresses of any adults who are residing with the minor and guardian in same household since the last report was filed. Those persons must complete a criminal background check form and file with the court.

9. Check off either the 'yes' or 'no' box to indicate whether or not any **Changes in financial status** that affects the guardian's ability to provide for the child financially (e.g. change in minor's entitlements, child support, etc.).
10. Enter the name of the **Present School** the child is currently attending.  
Enter the **Grade** level at which the child is currently enrolled.  
List any **Special educational issues** the child needs or receives during this reporting period. Explain the special needs and if these needs are being addressed.
11. Check off one box to indicate if the guardianship should continue, terminate and change. If the box to terminate the guardianship is checked, party must file a Motion to Terminate Guardianship (form #2025-F or 2163-P). **Provide any other information** on the care and behaviors of the child that may assist the court in evaluating the general welfare of the minor.

#### Signature section

Check off the box to indicate how you provided the document to the minor (if over the age of 14 years), the parents (if their rights have not been terminated and they are a party to the case) and any other person who is an active party in the case.

Sign the form on the **Guardian Signature** line, and date it in the appropriate space to the left.

#### Order

This section will be completed by the marital master and/or judge.

**Review the completed form for accuracy prior to filing it with the court. If completing this form on-line, some fields may be filled in automatically based on entries in other fields. If more space is needed for any question, please attach additional sheets of paper.**