

Rule 8.37—Form 4: Guardian's Initial Care Plan for Protected Minor

Instructions:

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information such as Protected Minor's name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Minor's current situation, Protected Minor's needs, and Guardian's plan to meet those needs.
- Provide as much detailed information as possible.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of:

Initials of protected minor

Protected Minor.

Juvenile no. _____

**Guardian's Initial Care Plan for
Protected Minor**

Iowa Code § 232D.501(1)(a)

Guardian states as follows:

1. Guardian's information

A. Guardian's name:

Full name: first, middle, last

B. Guardian is Minor's: *Check one*

Grandparent

Adult sibling

Other: _____

2. Minor's information

A. Minor's age: _____.

B. Reason for guardianship:

Check this box if you have attached a sheet with additional information.

Continued on next page

3. Minor's residence and interaction with Guardian

A. Does Minor currently live with Guardian? Check Yes or No below.

Yes

If you checked Yes, complete the next section.

Describe Guardian's daily interaction with Minor:

Check this box if you have attached a sheet with additional information.

No

If you checked No, complete (1)–(6).

(1) Minor's current residence:

_____ *Mailing address*

_____ *City*

_____ *State*

_____ *ZIP code*

(2) Date Minor began living at current residence:

_____, 20____.
Month Day Year

(3) Explain why Minor does not live with Guardian:

Check this box if you have attached a sheet with additional information.

(4) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Minor? Check all that apply

Daily

Weekly

Monthly

Other: _____

Continued on next page

(5) How does Guardian plan to interact with Minor? *Check all that apply*

- In person
- Mail, email, or social media
- Phone
- Other: _____

(6) Describe the types of activities with or on behalf of Minor that Guardian plans:

Check this box if you have attached a sheet with additional information.

B. Does Minor's current living situation best meet Minor's future needs?

- Yes No

If No, describe Guardian's plan for meeting those needs:

Check this box if you have attached a sheet with additional information.

4. Minor's expenses

A. Estimate of Minor's expenses:

Type of expense	Amount estimated <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) Food <i>At home & restaurants</i>	\$
(2) Clothing	\$

Continued on next page

(3) Medical, dental <i>Not health insurance payments – see (7).</i>	\$
(4) Transportation	\$
(5) Phone <i>If applicable</i>	\$
(6) Internet <i>If applicable</i>	\$
(7) Health insurance	\$
(8) Educational or vocational training expenses	\$
(9) Other expense <i>Identify:</i>	\$
(10) Other expense <i>Identify:</i>	\$
(11) Other expense <i>Identify:</i>	\$
(12) Other expense <i>Identify:</i>	\$
(13) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
Total expenses	\$

Continued on next page

B. Who will pay Minor's expenses? *Check all that apply*

- Guardian
- One or both of Minor's parents
- A court-appointed conservator

Conservator's full name: first, middle, last

Conservator's mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

Other: _____

C. If Guardian is responsible for paying Minor's expenses, describe Guardian's plan for payment of Minor's living expenses and other expenses:

Check this box if you have attached a sheet with additional information.

5. Minor's health

A. Minor's physical health

(1) Describe Minor's current medical health status, identifying any medical concerns:

Check this box if you have attached a sheet with additional information.

Continued on next page

(2) Guardian's plan for meeting Minor's medical care needs:

Check this box if you have attached a sheet with additional information.

B. Minor's dental health

(1) Describe Minor's current dental health status, identifying any dental health concerns:

Check this box if you have attached a sheet with additional information.

(2) Guardian's plan for meeting Minor's dental health care needs:

Check this box if you have attached a sheet with additional information.

C. Minor's mental health

(1) Describe Minor's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

Check this box if you have attached a sheet with additional information.

Continued on next page

(2) Guardian's plan for meeting Minor's mental, cognitive, behavioral, or emotional needs:

Check this box if you have attached a sheet with additional information.

D. Other health concerns

(1) Identify any other health care concerns related to Minor:

Check this box if you have attached a sheet with additional information.

(2) Guardian's plan for meeting other health care concerns identified:

Check this box if you have attached a sheet with additional information.

6. Minor's education

A. Minor is: *Check one*

Preschool age.

If you checked the above box, complete the next section.

Is Minor receiving services from a preschool educational program (e.g., Early Access, or Head Start)?

Yes No

If Yes, describe the services:

Check this box if you have attached a sheet with additional information.

Continued on next page

School age and enrolled in or attending school.

If you checked the above box, complete the next section.

Minor's school information:

School name where Minor is enrolled or attending

School mailing address

City

State

ZIP code

School age but not enrolled in or attending school.

If you checked the above box, complete the next section.

Explain how Minor's educational needs will be met:

Check this box if you have attached a sheet with additional information.

B. Does Minor receive or need special education or related services?

Yes No

If Yes, describe the services:

Check this box if you have attached a sheet with additional information.

C. Does Minor receive or need vocational or training services?

Yes No

If Yes, describe the services:

Check this box if you have attached a sheet with additional information.

Continued on next page

D. Guardian's plan for meeting Minor's future educational, training, and vocational needs:

Check this box if you have attached a sheet with additional information.

7. Other professional services

A. Does Minor require any professional services other than those listed above?

Yes No

If you checked Yes, complete B and C, otherwise skip to 8.

B. Other professional services Minor requires:

Check this box if you have attached a sheet with additional information.

C. Guardian's plan to provide the professional services required:

Check this box if you have attached a sheet with additional information.

Continued on next page

8. Minor's contact with parents and other relatives

For purposes of this section, legal parent is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

A. Information regarding Minor's legal parent:

(1) Contact information:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

(2) Will arrangements be made for regular contacts between Minor and this parent?

Yes No

If Yes, describe the arrangements. If No, explain why.

Check this box if you have attached a sheet with additional information.

B. Information regarding Minor's other legal parent (if applicable):

(1) Contact information:

Full name: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____

Phone number

Email address

Additional email address, if applicable

Continued on next page

(2) Will arrangements be made for regular contacts between Minor and this parent?

Yes No

If Yes, describe the arrangements. If No, explain why.

Check this box if you have attached a sheet with additional information.

C. Will arrangements be made for regular contacts between Minor and other relatives (e.g., siblings, grandparents, aunts, and uncles)?

Yes

If you checked **Yes**, complete the following sections as appropriate.

(1) Relative's name: _____.

Relationship to Minor: _____.

Describe arrangements planned for contact with this person:

Check this box if you have attached a sheet with additional information.

Continued on next page

(2) Relative's name: _____.

Relationship to Minor: _____.

Describe arrangements planned for contact with this person:

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional relatives.

No

If you checked No, complete the next section.

Explain why:

Check this box if you have attached a sheet with additional information.

9. Additional information

Additional information that may be useful for the court to know in determining what is in Minor's best interest:

Check this box if you have attached a sheet with additional information.

Continued on next page

10. Fees for Guardian

Check one

- Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are waived.

11. Fees for Guardian's attorney

Check one

- Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are not requested.
- Fees are waived or not applicable.

12. Attorney Help *Check one*

- A. An attorney did not help me prepare or fill in this paper.
- B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

<i>Name of attorney or organization, if any</i>		
<i>Business address of attorney or organization</i>		
<i>City</i>	<i>State</i>	<i>ZIP code</i>
(<u> </u>) _____ <i>Phone number</i>	_____ <i>Fax number</i>	
_____ <i>Email address</i>	_____ <i>Additional email address, if applicable</i>	

13. Oath and signature of Guardian

I, _____, have read this Initial Care Plan, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Initial Care Plan is true and correct.

_____, 20_____
*Month Day Year Signature**

<i>Mailing address</i>		
<i>City</i>	<i>State</i>	<i>ZIP code</i>
(<u> </u>) _____ <i>Phone number</i>	_____ <i>Additional email address, if applicable</i>	
_____ <i>Email address</i>	_____ <i>Additional email address, if applicable</i>	

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

The following is recommended to be included in the foregoing form by the Institute on Guardianship and Conservatorship in order to reflect Iowa Code requirements.

14. Request for Approval of Plan and Related Authority

Guardian requests that the court approve the following: *Check only those that apply*

- Guardian's care plan.
- Authority to carry out the plan.