

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Name

Date of Birth

Amended

**Annual Report on the
Condition of the Minor**

Case No. _____

1. LOCATION AND ADDRESS OF THE MINOR

The minor lives at [Street, City, County, State, Zip] _____.

2. HEALTH AND LIVING CONDITIONS OF THE MINOR

- A. The minor lives with me.
 The minor does not live with me. I personally observe the living conditions and care of the minor
 daily. weekly. monthly. Other: _____
- B. Has the minor's health changed in the last year?
 No change Improved Worsened Please explain: _____

3. RECOMMENDATIONS REGARDING THE MINOR

See attached

File with Court Official:	Guardian(s) Signature ▶	
	Date Signed	Guardian's Telephone Number
	Guardian's Name and Address (<input type="checkbox"/> Check if address changed in last 12 months and indicate current address.)	