

State of Minnesota
Gobolka Minnesota

District Court
Maxkamadda Dagmaada
Probate Division
Qeybta Dardaaranka

County of _____
Dagmada _____

Judicial District: _____
Maxkamadda Gobolka: _____
Court File No. _____
Faylka Maxkamadda No. _____
Case Type: 14, Guardianship
Nooca Kiiska: 14, Ilaalinta

In Re: Guardianship of
Tixraaca: Ilaalinta

_____, Ward
_____, Bukaanka

PERSONAL WELL-BEING REPORT
WARBIXINTA FIYOOBIDDA QOFKA
(Annual Report of Guardian)
(Warbixinta Sannadka Bukaanka)

As required by Minn. Stat. § 524.5-316 the Guardian makes this Annual Report for the reporting period from _____ to _____.
Sida uu rabo sharciga Minn. § 524.5-316 Stat. § 524.5-316 Ilaaliyaha wuxuu soo diyaariyaa Warbixinta Sannadka muddada warbixinta laga bilaabo _____ ilaa _____.

Instructions: Complete all paragraphs. **Attach additional sheets if necessary.**
Tilmaamaha: Dhamaystir dhamaan baragraafyada. **Ku lifaaq warqado dheeraad ah haddii loo baahdo.**

1. The current mental, physical and social condition of the Ward is:
(a) Mental: _____
(b) Physical: _____
(c) Social: _____
Xaaladda madaxa, jirka iyo bulsho ee Bukaanka waa:
(a) Madaxa: _____
(b) Jirka: _____
(c) Bulsho: _____

2. The addresses and types of all living arrangements for the Ward during this reporting period: _____

Cinwaanada iyo noocyada dhamaan qorshooyinka nolosha Bukaanka xilligaan warbixinta: _____

3. There were no restrictions placed on the Ward’s right to communicate and visitation with persons of the Ward’s choice.
 Ma jirin xanibaadyo la saaray xaqa Bukaanka u leeyahay isgaarsiinta iyo booqashada dadka Bukaabka xusho.

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**OR
AMA**

There were restrictions placed on the Ward's right to communicate and visitation with persons of the Ward's choice and the factual bases for those restrictions are:

Waxaa jiray xanibaadyo la saaray xaqa bukaanka u leeyahay isgaarsiinta iyo booqashada dadka bukaanka xushay iyo aasaaska xaqiiqada xanibaadyadaas waa:

4. Medical, educational, vocational and other services provided to the Ward in the past year: Adeegyada caafimaadka, waxbarashada, tababarka iyo adeegyada kale ee la siiyay Bukaanka sannadkii la soo dhaafay:

5. My opinion of the adequacy of the care given to the Ward in the past year: Fikradda aan ka qabo ku filnaanta xanaanada la siiyay Bukaanka sannadkii la soo dhaafay:

6. Recommendation regarding continuation of the guardianship or scope of the guardianship: Tallooyinka ku saabsan sii wadidda ilaalinta ama ujeedada ilaalinta: _____

7. I have personally seen the Ward _____ times in the past year. Qof ahaan, waxaan Bukaanka arkay _____ jeer sannadkii la soo dhaafay.

8. Pursuant to Minn. Stat. § 524.5-102, subd. 13a, a "professional guardian" or "professional conservator" means a person acting as guardian or conservator for three or more individuals not related by blood, adoption, or marriage.

(check boxes below if applicable)

Sida waafaqsan Minn Stat. § 524.5-102, subd13a, macnaha "ilaaliyaha aqoonta leh" ama "xaffidaha aqoonta leh" waa qofka u adeega sida ilaaliyaha ama sida xaffidaha saddax qof ama ka badan oo aan xariir laxmi la lahayn, korsasho, ama guur.

(calaamee sanduuqyada hoose haddii lagu dabaqi karo)

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- I am a professional guardian according to the above definition.
- Waxaan ahay ilaaliye aqoon leh sida ku waafaqsan sifeynta kore.
- My answer to the above question reflects a change in my professional status since my last report to the court for this case.
- Jawaabta aan ka bixiyo su'aasha kore waxay muujisaa in uu isbaddal ku dhacay xaaladeyda aqoonta laga bilaabo warbixintii ugu dambeysay aan u diray maxkamadda kuna saabsaneyd kiiskan.
9. I have received the following amount of reimbursement for services rendered to the ward in the past year and this amount was not reimbursed by county contract: \$ _____
- Waan helay xisaabta soo socota lacag celinta adeegyada la siiyay bukaanka sannadkii la soo dhaafay, mana aha in heshiiska dagmada uu soo celiyay xisaabtaan: \$ _____

This report must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. If the personal well-being report is not filed within 60 days of the required date, the court shall issue an order to show cause.

Warbixintaan waa in sannad kasta la siiyo bukaanka iyo dadka ay quseeyso ee ku jira diiwaanka maxkamadda muddo soddon maalin gudahooda, sannad guurada magacaabidda ilaaliyaha kaddib. Haddii warbixinta fiyoobida qofka aan la soo gudbinin muddo 60 maalin gudahooda laga bilaabo taariikhda laga rabo, maxkamadda waxay soo saari doontaa ammar lagu muujiyo sababta.

An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.

Qofka ay quseeyso wuxuu qoraal ku ogeysiin karaa maxkamadda in qofka ay quseeyso uusan rabin in uu helo koobiyada warbixinta sannadka sida sharciga uu rabo.

Dated: _____
Taariikhda

Signature of Guardian
Saxiixa Ilaaliyaha

Address (list street/service address only; PO Box not acceptable)
Cinwaanka (qor jidka/cinwaanka adeegga keliya, lama ogola PO Box)

City, State, Zip
Magaalada, Gobolka, Zip

Telephone Number
Nambarka Telefoonka

E-mail address
E-mailka

State of Minnesota
Gobolka Minnesota

District Court
Maxkamadda Dagmada
Probate Division
Qeybta Dardaaranka

County of _____
Dagmada _____

Judicial District: _____
Maxkamadda Gobolka: _____
Court File No. _____
Faylka Maxkamadda No. _____

Case Type: 14, Guardianship
Nooqa Kiiska: 14, Ilaalinta

In Re: Guardianship of
Tixraaca: Ilaalinta

**Annual Notice of Right to Petition for
Restoration to Capacity or Other Relief
Ogeysiiska Sannadka xagga Xaqa Loo
Leeyahay Codsiga Dib u Soo Celinta
Awoodda ama Mag Dhaw Kale**

Minn. Stat. §§ 524.5-310(g) and 524.5-316
Minn. Stat. §§ 524.5-310 iyo 524.5-316

_____,
Ward
_____,
Bukaanka

To: _____ Ward
Ku Socota: _____ Bukaanka

You have a right to ask the Court to end or modify the guardianship or for any order that is in your best interests or for any other appropriate relief, by filing a petition with the Court explaining why you believe the guardianship should end or be modified.

Waxaad xaq u leedahay in aad Maxkamadda weydiisid in ay soo af jarto ama baddasho ilaalinta ama ammar kasta oo ah maslaxadaada ugu wanaagsan ama mag dhaw kale oo ku habboon, adiga oo codsi u soo gudbiya Maxkamadda kaasoo sharaxa sababta aad u aaminsan tahay in ilaalinta la soo af jaro ama la baddalo.

You have a right to object to the Guardian’s change in your place of residence, and you have a right to ask the Court for a change of residence, by filing a petition with the Court explaining why the change should or should not be made.

Waxaad xaq u leedahay in aad diidid baddalaadda Ilaaliyaha ka soo jeediyo meesha aad daggan tahay, iyo waxaad xaq u leedahay in aad Maxkamadda weydiisatid in ay baddasho meesha aad daggan tahay, adiga oo Maxkamadda u soo gudbiya codsi sharaxaaya sababta aad ugu baahan tahay in aad baddashid ama in aadan baddalin.

You or any interested person on record with the court have a right to dispute any statement or conclusion contained in the Personal Well-Being Report regarding your condition

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by filing a written statement with the Court explaining why you disagree with any statement or conclusion in the Report.

Adiga ama qof kasta ay quseeyso ee ku jira diiwaanka maxkamadda wuxuu xaq u leeyahay in uu ka doodo oraah kasta ama go'aan ama gabogabo kasta oo ku jirta Warbixinta Fiyooobida Qofka sida xaaladaada, adiga oo oraah qoran u soo gudbiya Maxkamadda, oo sharaxda sababta aad u qilaafsan tahay oraah kasta ama go'aan kasta oo ku jira Warbixinta.

If you wish to have a different guardian then you must file a petition for removal of the guardian, explaining why you believe the present guardian should be removed.

Haddii aad dooneysid in lagu siiyo ilaaliye ka duwan, markaas waxaa lagaaga baahan yahay in aad soo gudbisid codsi lagu saaro ilaaliyaha, sharaxdid sababta aad aaminsan tahay in ilaaliyaha iminka jira loo baahan yahay in la saaro.

To petition the court you may call the Court Monday through Friday between 8:00 a.m. and 4:30 p.m. and ask that a form be sent to you, pick up the proper form at the Court, or access forms from the court's public website at www.mncourts.gov/forms. The address of the Court is:

and phone number is _____.

Si aad codsi u soo gudbisid maxkamadda, waxaad Maxkamadda soo wici kartaa maalinta Isniinta ilaa Jimcaha inta u dhexeyso 8:00 a.m. iyo 4:30 p.m. kaddibna weydiiso in lagu soo diro foom, in aad foomka ku habboon ka soo qaadatid Maxkamadda, ama foomamka kala soo bax bogga dadweynaha maxkamadda www.mncourts.gov/forms. Cinwaanka Maxkamadda waa:

iyo nambarka telefoonka waa _____.

After a petition is filed the Court will schedule a hearing. You have the right to be present at that hearing and to have a lawyer represent you. If you cannot afford a lawyer, the Court will appoint one for you. You can call the Court to request a court appointed attorney.

Kaddib marka codsiga la gudbiyo, Maxkamadda waxay qaban doontaa dhageysi. Waxaad xaq u leedahay in aad joogtid dhageysigaas iyo qareen ku mattalo. Haddii aadan awoodin in aad la timaadid qareen, maxkamadda ayaa kuu magacaabi doonto mid. Waxaad wici kartaa Maxkamadda si aad u codsatid qareen maxkamadda kuu magacaawdo.

You retain the right to vote unless your guardian informs you that the court terminated your right to vote.

Waxaad reeban doontaa xaqa aad u leedahay in aad codkaada dhiibatid haddii ilaaliyahaada ku ogeysiiyo in maxkamadda joojisay xaqa aad u leedahay in aad codkaada dhiibatid.

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This notice must be served annually on the ward and to interested persons of record with the court within thirty days after the anniversary of the appointment of the guardian. An interested person may notify the court in writing that the interested person does not wish to receive copies of annual reports as required by law.

Ogeysiiskan waa in sannad kasta la gaarsiyo bukaanka iyo dadka ay quseeyso ee ku jira diiwaanka Maxkamadda muddo soddon maalin gudahooda, sannad guurada magacaabidda ilaaliyaha kaddib. Qofka ay quseeyso wuxuu qoraal ku ogeysiin karaa maxkamadda in qofka ay quseeyso uusan rabin in uu helo koobiyada warbixinta sannadka sida sharciga uu rabo.

Dated: _____
Taariikhda

Signature of Guardian
Saxiixa Ilaaliyaha

AFFIDAVIT OF SERVICE
WARQADDA DHAARTA (AFFIDAVIT) IN LA GAARSIIYAY

State of Minnesota)
Gobolka Minnesota)
County of _____)
Dagmada _____)

_____, state that 1) this is an accurate statement of the Ward's well being and care for the period indicated above; 2) I have given a copy of this Well-Being Report to the Ward and to interested persons of record with the court; and 3) the Annual Notice of Right to Petition has been given to the Ward and to interested persons of record with the court.

_____, wuxuu sheegay in 1) tani tahay oraaah sax ah oo ku saabsan fiyoobida iyo xanaanada Bukaanka muddada kor lagu tilmaamay; 2) Waxaan koobiga Warbixintaan Fiyoobida siiyay Bukaanka iyo dadka ay quseeyso ee ku jira diiwaanka maxkamadda; iyo 3) in Annual Notice of Right to Petition (Ogeysiiska Sannadka Xaqa loo leeyaahay Codsiga) la siiyay Bukaanka iyo dadka ay quseeyso ee ku jira diiwaanka maxkamadda.

The Ward was served by mail or personally with the Well-Being Report and the Annual Notice of Rights to Petition on _____ (date). The present address and telephone number of the Ward is _____

Bukaanka waxaa loogu diray boostada ama waxaa loo siiyay qof ahaan Well-Being Report (Warbixinta Fiyoobida) iyo Annual Notice of Rights to Petition (Ogeysiiska Sannadka ee ku saabsan Xaqa Codsiga) marka ay ahayd _____ (taariikhda). Cinwaanka uu hadda qabo iyo nambarka telefoonka Bukaanka waa _____

The following interested persons of record with the court were served at the location listed with a copy of the Well-Being Report and the Annual Notice of Rights to Petition: *(attach additional sheets if necessary)*

Name: _____

Address _____

Served by mail or personally on _____ (date)

Dadka ay quseeyso ee soo socda kuna jira diiwaanka Maxkamadda waxaa goobta ku jirta liiska lagu siiyay koobiga Warbixinta Fiyoobida iyo Annual Notice of Rights to Petition (Ogeysiiska Xuquuqda Codsiga ee Sannadka): *(ku soo lifaaq warqado dheeraad ah haddii loo baahdo)*

Magaca: _____

Cinwaanka _____

Waxaa loogu diray boostada ama waxaa loogu geeyay qof ahaan marka ay ahayd _____ (taariikhda)

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Name: _____

Address _____

Served by mail or personally on _____ (date)

Magaca: _____

Cinwaanka _____

Waxaa loogu diray boostada ama waxaa loogu geeyay qof ahaan marka ay ahayd _____
(taariikhda)

Name: _____

Address _____

Served by mail or personally on _____ (date)

Magaca: _____

Cinwaanka _____

Waxaa loogu diray boostada ama waxaa loogu geeyay qof ahaan marka ay ahayd _____
(taariikhda)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Waxaan caddeynaa, taasoo hoose timaada ciqaabta been abuurka, in wax kasta aan ku sheegay warqadaan yahay run iyo sax. Minn. Stat. § 358.116.

Dated: _____

Taariikhda

Signature of Guardian

Saxiixa Ilaaliyaha

Name: _____

Magaca: _____

Address: _____

Cinwaanka: _____

City/State/Zip: _____

Magaalada/Gobolka/Zip: _____

Telephone: (_____) _____

Telefoonka: (_____) _____

E-mail address: _____

E-mail: _____

**FILE THE ORIGINAL PERSONAL WELL-BEING REPORT AND THIS AFFIDAVIT
OF SERVICE WITH THE COURT**

**SOO GUDBI WARBIIXINTA ASALKA FIYOOBIDA QOFKA IYO WARQADAAN
DHAARTA (AFFIDAVIT) EE KU SAABSAN IN LA GAARSIYAY MAXAMADDA**