

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	FILE NO.
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NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of _____, a legally incapacitated individual

1. I, _____, am the guardian of the adult named above and my annual
Name (type or print)
 report for the period of _____ to _____ is as follows.
Date Date

2. Present age of the adult: _____ Date of birth: _____

3. Living Arrangement

a. The current address and telephone number of the adult are: _____

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is:

- | | | |
|---|---|---|
| <input type="checkbox"/> own home/apartment | <input type="checkbox"/> guardian's home/apartment | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> nursing home | <input type="checkbox"/> hospital or medical facility | <small>(boarding home, assisted living, etc.)</small> |
| <input type="checkbox"/> foster home | <input type="checkbox"/> relative's home: _____ | |
| | <small>Relationship</small> | |

d. The adult has been in the present residence since _____ . If moved within the past year, state
Date
 the changes and the reasons for change.

e. I rate the adult's living arrangement as excellent. average. below average. _____
Explain

f. I believe the adult is content with the living situation. unhappy with the living situation.

g. I recommend a more suitable living arrangement for the adult as follows: _____

4. Physical Health

a. The adult's current physical condition is excellent. good. fair. poor.

b. During the past year the adult's physical condition has

- remained about the same.
 improved. Explain _____
 worsened. Explain _____

c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

5. Mental Health

- a. The adult's current mental condition is excellent. good. fair. poor.
- b. During the past year, the adult's mental condition has
 - remained about the same.
 - improved. Explain _____
 - worsened. Explain _____
- c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker was was not provided.

6. Social Activities/Services

- a. The adult's current social condition is excellent. good. fair. poor.
- b. During the past year, the adult's social condition has
 - remained about the same.
 - improved. Explain _____
 - worsened. Explain _____
- c. During the past year, the adult has participated in the following activities:
 - recreational _____
 - educational _____
 - social _____
 - occupational _____
 - No activities were available.
 - The adult refused to participate in any activities.
 - The adult was unable to participate in any activities.

7. List of Visits

- a. During the past year, I visited the adult as follows: _____

List dates

- b. The average amount of time I spent on each visit was _____ .
- c. The last time I visited with the adult was on _____ .

Date

8. Activities

During the past year, I performed the following activities on behalf of the adult: _____

9. Consultation

During the past year, I consulted with the adult before making the following decisions: _____

10. I believe the adult has the following unmet needs: _____

11. The guardianship should should not be continued because: _____

12. As guardian, I have been ordered by the court to file an annual account, which is attached.

Date

Address

Signature

City, state, zip

Telephone no.