

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>  CIRCUIT COURT - FAMILY DIVISION	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> FINAL REPORT	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a legally incapacitated individual

1. I, \_\_\_\_\_, am the guardian of the above named adult and my annual  
Name (type or print)  
 report is as follows:

2. Present age of the adult: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**3. Living Arrangement**

a. Current address and telephone number of the adult: \_\_\_\_\_

b. 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 |                                       |
| <input type="checkbox"/> foster or boarding home | <input type="checkbox"/> relative's home: _____       |                                       |
|  | <small>Relationship</small>                           |                                       |

c. The adult has been in the present residence since \_\_\_\_\_ . If moved within the past year, state  
 the changes and the reasons for change: Date \_\_\_\_\_

d. I rate the adult's living arrangement as  excellent.  average.  below average. \_\_\_\_\_  
Explain

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

f. 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 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.