

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	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
First, middle, and last name

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: Check here if this is a new address
 own home/apartment guardian's home/apartment other: _____
 nursing home hospital or medical facility (boarding home, assisted living, etc.)
 foster home relative's home: _____
Relationship

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

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: _____

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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8. (continued)

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.

9. 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

10. Activities

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

11. Consultation

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

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

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

Note: If you no longer wish to serve as guardian, you must file a petition to remove yourself.

14. There is is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ _____ .

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

Date

Signature of guardian

Address

City, state, zip

Check here if this is a new address

Telephone no.

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Check here if this is a new address

Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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