

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

This report should be completed annually by the guardian, or more often if directed by the court.

In the matter of \_\_\_\_\_  
First, middle, and last name of minor

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

2. Present age of the minor: \_\_\_\_\_

**3. Living Arrangement**

a. The current address and telephone number of the minor are: \_\_\_\_\_ .

b. The minor's residence is:  Check here if this is a new address  
 guardian's home     relative's home: \_\_\_\_\_     other: \_\_\_\_\_  
Relationship

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

d. I rate the minor's living arrangement as     excellent.     average.     below average.

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

f. I recommend a more suitable living arrangement for the minor as follows: \_\_\_\_\_

**4. Physical Health**

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

b. During the past year the minor's physical condition has  
 remained about the same.  
 improved. \_\_\_\_\_  
Explain

worsened. \_\_\_\_\_  
Explain

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

Date	Ailment	Type of Treatment	Doctor's Name

**5. Education**

- a. The minor regularly attends school at \_\_\_\_\_  
and is in grade \_\_\_\_\_ .
- b. The minor attends alternative education at \_\_\_\_\_  
and is in grade \_\_\_\_\_ .
- c. The minor does not attend school because \_\_\_\_\_ .

**6. Activities of Minor**

- a. The minor's social activities (including sports) are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
- b. During the past year the minor has been in counseling with \_\_\_\_\_  
at \_\_\_\_\_ .
- c. During the past year the minor received in-patient services at \_\_\_\_\_ .

**7. Parenting time** between the minor and parents was as follows:

- a. Parent's name and current address: \_\_\_\_\_  
Parenting time: \_\_\_\_\_
- b. Parent's name and current address: \_\_\_\_\_  
Parenting time: \_\_\_\_\_
- c. Comments about parenting time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Parents complied with the**  court-structured plan  limited guardianship placement plan **as follows:**

\_\_\_\_\_  
\_\_\_\_\_

Changes should be made to the plan as follows:

\_\_\_\_\_  
\_\_\_\_\_

9. The guardianship  should  should not be continued because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. I  am  am not willing to continue to serve as guardian.

NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardianship (PC 675).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Signature of co-guardian (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address

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