

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>FINAL REPORT</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

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 \_\_\_\_\_  
First, middle, and last name of legally incapacitated individual

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

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

**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

<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 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: \_\_\_\_\_

**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

**5. Do-Not-Resuscitate Order**

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I  executed  reaffirmed  revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).  
In doing so, I  did  did not consult with the adult and his/her attending physician.

**6. Physician Orders for Scope of Treatment (POST) Form**

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I  executed  reaffirmed  revoked a POST form for the adult under MCL 700.5314(g).  
In doing so, I  did  did not consult with the adult and his/her attending physician.

**7. Nonopioid Directive**

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I  executed  reaffirmed  revoked a nonopioid directive for the adult under MCL 700.5314(f).

**8. 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 the adult received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name

**9. 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.

**10. 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

**11. Activities**

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

**12. Consultation**

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

13. I believe the adult has the following unmet needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

16. 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

Check here if this is a new address

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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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	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

**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.

Do not write below this line - For court use only