

STATE OF MICHIGAN
COUNTY OF ALPENA
PROBATE COURT
CIRCUIT COURT - FAMILY DIVISION

ANNUAL REPORT OF GUARDIAN ON
CONDITION OF
LEGALLY INCAPACITATED INDIVIDUAL
Final Report

FILE 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 Rule 5.105. 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 above named adult 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. Current address and telephone number of the adult: _____

b. The adult's residence is:

___ own home/apartment ___ guardian's home/apartment ___ other: _____
___ nursing home ___ hospital or medical facility
___ foster or boarding home ___ relative's home: _____
Relationship

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 SECOND PAGE)

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.