

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

ANNUAL REPORT OF GUARDIAN  
ON CONDITION OF MINOR

FILE NO.

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

In the matter of \_\_\_\_\_, minor

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

2. Present age of the minor: \_\_\_\_\_ Minor's Date of birth: \_\_\_\_\_

3. **Living Arrangement**

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

b. The minor's residence is:  
\_\_\_ guardian's home \_\_\_ relative's home: \_\_\_\_\_ other: \_\_\_\_\_  
Relationship

c. The minor has been in the present residence since \_\_\_\_\_. If moved within the past year, state  
Date 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 and optical and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

(PLEASE SEE PAGE TWO)

Do not write below this line – For court use only

**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 the Minor**

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

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

- a. Father \_\_\_\_\_  
Father's current address: \_\_\_\_\_
- b. Mother \_\_\_\_\_  
Mother's current address: \_\_\_\_\_
- 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.

\_\_\_ **11. 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 Telephone no.