

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR	FILE NO.
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This report should be completed annually by the guardian, or more often if directed by the court.

In the matter of _____, minor
First, middle, and last name

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. 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, 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

(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

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 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.
- 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.

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Telephone no.

Check here if this is a new address

Check here if this is a new address