

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY</b>	<b>FILE NO.</b>
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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 \_\_\_\_\_, an individual with a developmental disability  
First, middle, and last name

1. I, \_\_\_\_\_, am the guardian of the individual named above, and I report for  
Name (type or print)  
the period \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

2. Present age of the individual: \_\_\_\_\_ Individual's date of birth: \_\_\_\_\_

3. The current address and telephone number of the individual are: \_\_\_\_\_  
\_\_\_\_\_  
Check here if this is a new address

4. The individual's present living arrangement is:  
own home relative's home \_\_\_\_\_  
hospital or medical center guardian's home Relationship \_\_\_\_\_  
community placement home other: \_\_\_\_\_

5. The individual has been in the present residence since \_\_\_\_\_. Descriptions and addresses of every  
residence where the individual has lived during this reporting period and the length of stay at each residence are as follows:  
\_\_\_\_\_  
\_\_\_\_\_

6. I rate the individual's present living arrangements as excellent. average. below average.  
\_\_\_\_\_  
Explain if below average

7. I believe the individual is content with the living situation. unhappy with the living situation. I recommend a  
more suitable residence as follows: \_\_\_\_\_  
Describe

8. The individual's mental condition has remained about the same. improved. deteriorated.  
\_\_\_\_\_  
Describe the changes

9. The individual's physical health has remained about the same. improved. deteriorated.  
\_\_\_\_\_  
Describe the changes

10. The individual's social condition has remained about the same. improved. deteriorated.  
\_\_\_\_\_  
Describe the changes

(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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of reviewer

\_\_\_\_\_  
Court action to be taken

11. The individual has received the following services:  
medical. educational. vocational. other professional services.

Describe

12. My visits with and activities on behalf of the individual were: \_\_\_\_\_

13. I believe the individual has the following needs: \_\_\_\_\_

14. I have the following questions concerning the individual or my responsibilities: \_\_\_\_\_

15. Other information requested by the court or necessary in the opinion of the guardian is as follows: \_\_\_\_\_

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

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

18. Comments:

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

Check here if this is a new address

**STATEMENT BY STANDBY GUARDIAN**

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.