

**STATE OF MICHIGAN
PROBATE COURT
COUNTY**

**REPORT OF GUARDIAN ON
CONDITION OF INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY**

FILE NO.

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.