

| | | |
|--|--|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY OF | 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 Rules 5.105 and 5.125. 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
First, middle, and last name

1. I, _____, am the guardian of the adult named above 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. The current address and telephone number of the adult are: _____
Check here if this is a new address

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is:
 own home/apartment guardian's home/apartment other: _____
 nursing home hospital or medical facility (boarding home, assisted living, etc.)
 foster home relative's home: _____
Relationship

d. The adult has been in the present residence since _____ . If moved within the past year, state
 the changes and the reasons for change. Date

e. I rate the adult's living arrangement as excellent. average. below average. Explain _____

f. I believe the adult is content with the living situation. unhappy with the living situation.

g. I recommend a more suitable living arrangement for the adult as follows: _____

(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

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 |
|------|---------|-------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Do-Not-Resuscitate Order

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I executed reaffirmed revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).
In doing so, I did did not consult with the adult and his/her attending physician.

6. 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.

7. 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 were available.
The adult refused to participate in any activities.
The adult was unable to participate in any activities.

8. 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

9. Activities

During the past year, I performed the following activities on behalf of the adult: _____

10. Consultation

During the past year, I consulted with the adult before making the following decisions: _____

11. I believe the adult has the following unmet needs: _____

12. The guardianship should should not be continued because: _____

Note: If you no longer wish to serve as guardian, you must file a petition to remove yourself.

13. There is is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ _____ .

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

Date

Signature

Address

City, state, zip

Telephone no.

Check here if this is a new address