

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY</b></p>	<p align="center"><b>FILE NO.</b></p>
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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

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. Current address and telephone number of the individual: \_\_\_\_\_

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

(PLEASE SEE OTHER SIDE)

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

\_\_\_\_\_  
Address

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

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

**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

Check here if this is a new address

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