

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

This report should be completed annually by the guardian or more often if directed by the court.

In the matter of \_\_\_\_\_  
First, middle, and last name of individual with a developmental disability

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

2. Present age of the individual: \_\_\_\_\_.

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

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. I  am  am not willing to continue to serve as guardian.

NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardian for Developmentally Disabled Individual (PC 677).

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

19. Comments: \_\_\_\_\_

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Check here if this is a new address

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-guardian (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Check here if this is a new address

\_\_\_\_\_  
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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address