

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

In the matter of _____
First, middle, and last name of minor

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, if 14 years of age or older, and all interested persons, including the appropriate Indian tribe, if any, as required by MCR 5.105 and MCR 5.125. Then, the guardian must complete a proof of service (form PC 564), and file it and this report with the court.

1. I, _____, am the guardian of the above named minor and my
Name (type or print)
 annual report for the period _____ to _____ is as follows:
Date Date

2. Present age of the minor: _____

3. Living Arrangement

a. The current address and telephone number of the minor are: _____ .

b. The minor's residence is: Check here if this is a new address
 guardian's home relative's home: _____ other: _____
Relationship

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

d. I rate the minor's living arrangement as excellent. average. below average.

e. I believe the minor is content with the living situation. unhappy with the living situation.

f. I recommend a more suitable living arrangement for the minor as follows: _____

4. Physical Health

a. The minor's current physical condition is excellent. good. fair. poor.

b. During the past year the minor's physical condition has
 remained about the same.
 improved. _____
Explain
 worsened. _____
Explain

c. During the past year the minor received the following medical treatment (include check-ups, optical, and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

5. Education

- a. The minor regularly attends school at _____
and is in grade _____ .
- b. The minor attends alternative education at _____
and is in grade _____ .
- c. The minor does not attend school because _____ .

6. Activities of Minor

- a. The minor's social activities (including sports) are: _____

- b. During the past year the minor has been in counseling with _____
at _____ .
- c. During the past year the minor received in-patient services at _____ .

7. Parenting time between the minor and parents was as follows:

- a. Parent's name and current address: _____
Parenting time: _____
- b. Parent's name and current address: _____
Parenting time: _____
- c. Comments about parenting time: _____

8. Parents complied with the court-structured plan limited guardianship placement plan as follows:

Changes should be made to the plan as follows:

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

10. 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 Guardianship (PC 675).

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

Date

Date

Signature of guardian

Signature of co-guardian (if applicable)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

Check here if this is a new address

Check here if this is a new address