STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

ANNUAL REPORT OF IIIVENII E GIJARDIAN

CASE NO. PETITION NO

COUNTY	ON CONDITION OF CHILD	PETITION NO.
		JUDGE
Court address		Court telephone no.
In the matter of First and last name(s), alias		
First and last name(s), alias	e(es)	
completed report on the ward, if 11 years any, as required by MCR 3.979 and MCR it and this report with the court.	rearly by the guardian, or more often if directed b of age or older, and all parties entitled to notice, incl 3.921. Then, the guardian must complete a proof o	uding the appropriate Indian child's tribe, if service (form JC 12a or JC 12b), and file
1. I, Name (type or print)	, am the juvenile o	guardian of the child named above and
	to	is as follows:
my annual report for the period ${}$ Date	e Date	is as follows.
2. Living Arrangement		
a. Current address and telephone	number of the child:	
b. The child has been in the present state the changes and the reason		If moved within the past year,
3. Physical Health The child's current physical condition During the past year the child rece (Specify each date, ailment, type of treatment)	ived the following medical treatment, including	☐ poor. check-ups, optical, and dental work.
4. Mental Health		
The child's current mental condition	ived the following mental health services.	□ poor.

	nual Report of Juvenile Guardian on Condition of Child (6/23) ge 2 of 2	Case No
	Education State whether the child regularly attends school, where	the child attends school, and what grade the child attends. If the grade. If the child does not attend school, explain why.
6.	Activities Describe the child's involvement in social, religious, and	d sports activities.
7.	Parenting Time	
	Describe any parenting time between the child and his anything about the parenting time you believe is important time.	/her parents. Provide the address for each parent. Describe tant for the court to know.
8.		s important for the court to know, such as special awards or he child may have not otherwise stated above, any contact with
		Date Signature of juvenile guardian Address
		City, state, zip Telephone no.