STATE OF MICHIGAN PROBATE COURT

ANNUAL REPORT OF GUARDIAN ON CONDITION OF

CASE	NO.	and	JU	IDGE
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COUNTY	LEGALLY INCAPACITATED INDIVIDUAL ☐ FINAL REPORT	
Court address		Court telephone no
the completed report on the wa	yearly by the guardian, or more often if directe ard and all interested persons as required by l ete a proof of service (form PC 564) and file i	Michigan Court Rules 5.105 and 5.125.
In the matter of ${\text{First, middle, and last name}}$	of legally incapacitated individual	
1. I, Name (type or print)	, am the guardia	n of the adult named above and my
annual report for the period of $\frac{1}{Date}$		is as follows.
2. Present age of the adult:		
Living Arrangement a. The current address and telephore	one number of the adult are:	
 b. The name of the facility where the continuous continuo		other: (boarding home, assisted living, etc.)
e. I rate the adult's living arrangem	ent as □ excellent. □ average. □ below	average. Explain
_	ent with the living situation. unhappy wi	th the living situation.
一 g. Trecommend a more sultable	Triving arrangement for the addit as follows	

			an on Condition of Legally Incapac	itated Individual	(6/23)	С	ase No	
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4.	a	During the past remained ab improved.	t year the adult's physical cond out the same. Explain		☐ good.	☐ fair.	□ poor.	
			Explain					
	C. I		t year the adult received the fo		al treatment Treatment	(include ch	neck-ups and denta Doctor's Na	
		Date	Allment	туре от	rreatment		Doctor's Na	me
6.	Phy No	b. I □ execut In doing so, ysician Orders a. I did not exe b. I □ execut In doing so,	cute, reaffirm, or revoke a do- ed reaffirmed revoked I did did not c s for Scope of Treatment (PC cute, reaffirm, or revoke a PO cuted reaffirmed r I did did not c cive cute, reaffirm, or revoke a non	d a do-not-resconsult with the OST) Form ST form. The evoked a loop consult with the opioid directive opioid directive consult with the opiod directive consul	suscitate order adult and less adult and less adult and less adult and less.	his/her atte for the adul his/her atte	adult under MCL 7 nding physician. t under MCL 700.5 nding physician.	5314(g).
8.	Ме а.	ntal Health The adult's curr During the past	_	excellent.	\square good.	☐ fair.	□ poor.	(/)
	[remained ab improved.						
			Explain					
	c. Į		year the adult received the fo			tment:		
		Date	Ailment	Type	of Treatment		Doctor's	Name

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9. Social Activities/Services	
a. The adult's current social condition is \square excellent. \square good. \square 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	
\square occupational $_$	
☐ No activities were available.	
\square The adult refused to participate in any activities.	
\square The adult was unable to participate in any activities.	
10. 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	·
11. Activities	
During the past year, I performed the following activities on behalf of the adult:	
10. Computation	
12. Consultation	
During the past year, I consulted with the adult before making the following decision	JIIS
13. I believe the adult has the following unmet needs:	
13. I believe the addit has the following drifflet fleeds.	
-	
-	
\square 14. The guardianship \square should \square should not be continued because: $_$	
_ 17. The guardianship ட should ட should hot be continued because. —	
Note: If you no longer wish to serve as guardian, you must file a Petition to Terminate/Modify Guard	dianship (PC 675).

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\square 15. There \square is \square is not more cash or proper	ty than what was previously reported to the court.
If there is, specify the additional amount: \$	·
\square 16. As guardian, I have been ordered by the court to file a	n 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