

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">REPORT ON REVIEW OF GUARDIANSHIP OF LEGALLY INCAPACITATED INDIVIDUAL</p>	<p>FILE NO.</p>
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In the matter of _____, a legally incapacitated individual

1. I have reviewed this guardianship.

2. I visited the individual on _____ at _____ .
Date Location

3. I was not able to visit the legally incapacitated individual because: _____

4. I report to the court as follows:

5. I recommend the guardianship be continued.
 this matter be set for hearing and an attorney be appointed for the legally incapacitated individual.

Date

Signature

Address

Name (type or print)

City, state, zip Telephone no.

Do not write below this line - For court use only