

STATE OF MICHIGAN PROBATE COURT COUNTY	REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE
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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

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Check here if this is a new address

Telephone no.

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