

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR</b>	<b>CASE NO. and JUDGE</b>
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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

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