

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> FINAL REPORT	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

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 and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of \_\_\_\_\_  
First, middle, and last name of legally incapacitated individual

1. I, \_\_\_\_\_, am the guardian of the individual named above and  
Name (type or print)  
my annual report for the period of \_\_\_\_\_ to \_\_\_\_\_ is as follows.  
Date Date

2. Present age of the individual: \_\_\_\_\_

**3. Living Arrangement**

a. The current address and telephone number of the individual are: \_\_\_\_\_

b. The name of the facility where the individual resides, if any: \_\_\_\_\_

c. The individual's residence is:  Check here if this is a new address

- own home/apartment
- guardian's home/apartment
- other: \_\_\_\_\_  
(boarding home, assisted living, etc.)
- nursing home
- hospital or medical facility
- foster home
- relative's home: \_\_\_\_\_  
Relationship

d. The individual has been in the present residence since \_\_\_\_\_ . If moved within the past  
Date  
year, state the changes and the reasons for change.

\_\_\_\_\_

e. I rate the individual's living arrangement as  excellent.  average.  below average.

Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. I believe the individual is  content with the living situation.  unhappy with the living situation.

g. I recommend a more suitable living arrangement for the individual as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Physical Health**

- a. The individual's current physical condition is  excellent.  good.  fair.  poor.
- b. During the past year the individual's physical condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_
- c. During the past year the individual received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

**5. Do-Not-Resuscitate Order**

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I  executed  reaffirmed  revoked a do-not-resuscitate order for the individual under MCL 700.5314(d). In doing so, I  did  did not consult with the individual and their attending physician.

**6. Physician Orders for Scope of Treatment (POST) Form**

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I  executed  reaffirmed  revoked a POST form for the individual under MCL 700.5314(g). In doing so, I  did  did not consult with the individual and their attending physician.

**7. Nonopioid Directive**

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I  executed  reaffirmed  revoked a nonopioid directive for the individual under MCL 700.5314(f).

**8. Mental Health**

- a. The individual's current mental condition is  excellent.  good.  fair.  poor.
- b. During the past year, the individual's mental condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_

- c. During the past year the individual received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name

**9. Social Activities/Services**

- a. The individual's current social condition is  excellent.  good.  fair.  poor.
- b. During the past year, the individual's social condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_
- c. During the past year, the individual has participated in the following activities:
- recreational \_\_\_\_\_
- educational \_\_\_\_\_
- social \_\_\_\_\_
- occupational \_\_\_\_\_
- No activities were available.  
 The individual refused to participate in any activities.  
 The individual was unable to participate in any activities.

**10. List of Visits**

- a. During the past year, I visited the individual as follows: \_\_\_\_\_  
List dates  
\_\_\_\_\_  
\_\_\_\_\_
- b. The average amount of time I spent on each visit was \_\_\_\_\_ .
- c. The last time I visited with the individual was on \_\_\_\_\_ .  
Date

**11. Activities**

During the past year, I performed the following activities on behalf of the individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Consultation**

During the past year, I consulted with the individual before making the following decisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. I believe the individual has the following unmet needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. The guardianship  should  should not be continued because: \_\_\_\_\_  
\_\_\_\_\_

15. There  is  is not more cash or property than what was previously reported to the court. If there is, specify the additional amount: \$ \_\_\_\_\_ .

16. 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

Check here if this is a new address

If a standby guardian has been designated, they must complete the following statement. If the standby guardian is unable or unwilling to serve, the standby guardian must promptly notify the court and interested persons in writing.

**STATEMENT BY STANDBY GUARDIAN**

I am the designated standby guardian and I continue to be willing to serve in the event of the unavailability, death, incapacity, or resignation of the guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of standby guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address