

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO. and JUDGE
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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: _____
- nursing home hospital or medical facility (boarding home, assisted living, etc.)
- foster home relative's home: _____

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