

<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.

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 minor

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

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: \_\_\_\_\_ Relationship  other: \_\_\_\_\_

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

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.

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

Check here if this is a new address