

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO.
Court address 2605 N. West Bay Shore Drive, Peshawbestown, MI 49682	Email tribalcourt@gtb-nsn.gov	Court telephone no. (231) 534-7050

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 adult named above and my annual
Name (type or print)
 report for the period of _____ to _____ is as follows.
Date Date

2. Present age of the adult: _____

3. Living Arrangement

a. The current address and telephone number of the adult are: _____
 Check here if this is a new address

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is:
 own home/apartment guardian's home/apartment other: _____
 nursing home hospital or medical facility (boarding home, assisted living, etc.)
 foster home relative's home: _____
Relationship

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

e. I rate the adult's living arrangement as excellent. average. below average. _____
Explain

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

g. I recommend a more suitable living arrangement for the adult as follows: _____
Explain

9. **Social Activities/Services**

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

10. **List of Visits**

- a. During the past year, I visited the adult as follows: _____
List dates

- b. The average amount of time I spent on each visit was _____.
- c. The last time I visited with the adult was on _____.
Date

11. **Activities**

During the past year, I performed the following activities on behalf of the adult: _____

12. **Consultation**

During the past year, I consulted with the adult before making the following decisions: _____

13. I believe the adult has the following unmet needs: _____

14. The guardianship should should not be continued because: _____

Note: If you no longer wish to serve as guardian, you must file a Petition to Terminate/Modify Guardianship (PC 675).

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.

Check here if this is a new address

City, state, zip

Telephone no.

Check here if this is a new address