

SAGINAW CHIPPEWA TRIBAL COURT 6954 E. BROADWAY MT. PLEASANT, MI 48858 Telephone: (989) 775-4800	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL	FILE NO.:
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In the Matter of _____, a legally incapacitated individual

1. I, _____, am the guardian of the above named adult and my annual
Name (type or print)
 Report is as follows:

2. Present age of the adult: _____ Date of birth: _____

3. Living Arrangement

a. Current address and telephone number of the adult:

b. The adult's residence is:

_____ own home/apartment	_____ guardian's home/apartment	_____ other: _____
_____ nursing home	_____ hospital or medical facility	
_____ foster or boarding home	_____ relative's home: _____	

Relationship

c. The adult 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 adult's living arrangement as _____ excellent. _____ average. _____ below average _____ Explain _____

e. I believe the adult is _____ content with the living situation. _____ unhappy with the living situation.

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

Physical Health

a. The adult's current physical condition is _____ excellent. _____ good. _____ fair. _____ poor.

During the past year the adult's physical condition has
 _____ remained about the same.
 _____ improved. Explain _____
 _____ worsened. Explain _____

b. During the past year the adult received the following medical treatment (include check-ups and dental work):

DATE	AILMENT	TYPE OF TREATMENT	DOCTOR'S NAME

4. Mental Health

a. The adult's current mental condition is _____ excellent. _____ good. _____ fair. _____ poor.

b. During the past year, the adult's mental condition has

☐ remained about the same.

☐ improved. Explain _____

☐ worsened. Explain _____

c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker _____ was _____ was not provided.

5. Social Activities/Services

a. The adult's current social condition is _____ excellent. _____ good. _____ fair. _____ poor.

During the past year, the adult's social condition has remained about the same.

improved. Explain _____

worsened. Explain _____

During the past year, the adult has participated in the following activities:

recreational _____

educational _____

social _____

occupational _____

no activities available.

the adult refused to participate in any activities.

the adult was unable to participate in any activities.

List of Visits

During the past year, I visited the adult as follows: _____

The average amount of time I spent on each visit was _____.

The last time I visited with the adult was on _____.

Date

Activities

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

Consultation

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

I believe the adult has the following unmet needs: _____

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

12. I _____ do _____ do not have possession or control of the adult's estate. If yes, my accounting is attached.

I declare that under threat of prosecution for perjury, pursuant to Tribal Code section 1.2038, the statements above are true to the best of my knowledge, information, and belief.

Date

Address

Signature

City, State, Zip

Telephone No.

Subscribed and sworn to before me this _____ day of _____,

20____ by _____.

Notary Public's Signature

Notary Public's Name- printed or typed

My commission expires _____