

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.:

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 (date) \_\_\_\_\_. If moved within the past year, state the changes and

d. the reasons for change: \_\_\_\_\_

e. I rate the adult's living arrangement as  excellent.  average.  below average. (explain below)

\_\_\_\_\_

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:

\_\_\_\_\_

4. Physical Health

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

b. During the past year the adult's physical condition has:

- remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_

c. 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

5. 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.

6. 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 available.

the adult refused to participate in any activities.

the adult was unable to participate in any activities.

7. List of Visits

a. During the past year, I visited the adult as follows: \_\_\_\_\_  
\_\_\_\_\_

b. The average amount of time I spent on each visit was \_\_\_\_\_.

c. The last time I visited with the adult was on (date): \_\_\_\_\_.

8. Activities

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

9. Consultation

a. During the past year, I consulted with the adult before making the following decisions: \_\_\_\_\_  
\_\_\_\_\_

b. I believe the adult has the following unmet needs: \_\_\_\_\_  
\_\_\_\_\_

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

10. 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

\_\_\_\_\_  
Guardian's 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 \_\_\_\_\_.