## SAGINAW CHIPPEWA INDIAN TRIBE PROBATE DIVISION

6954 East Broadway
Mt. Pleasant, MI 48858

(989) 775-4800

## ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR

Wit. Fleasailt, Wil 40000 (909) 113-4000			
In the matter of	, minor		
1. I, Name (type or print) report is as follows:	, am the guardian of the above named minor and my annual		
2. Present age of the minor:	Minor's date of birth:		
3. Living Arrangement  a. Current address and telephone number of the minor:  b. The minor's residence is:  guardian's home relative's home:  Relationship  c. The minor has been in the present residence since the changes and the reasons for change:	other: other:  If moved within the past year, state late		
d. I rate the minor's living arrangement as excellent e. I believe the minor is content with the living situa f. I recommend a more suitable living arrangement fo	ation.  unhappy with the living situation.		
4. Physical Health  a. The minor's current physical condition is cexceller  b. During the past year the minor's physical condition has remained about the same.  improved.  Explain  worsened.			
C. During the past year the minor received the following me	edical treatment (include check-ups and optical and dental work):		
Date Ailment	Type of Treatment Doctor's Name		
(PLEASE S	SEE OTHER SIDE)		

Do not write below this line - For court use only

5.	Edu	ducation						
		a. The minor regularly attends school at and is in grade						
		b. The minor attends alternative education at						
	ш	and is in grade						
		c. The minor does not attend school because						
6.	Activ	Activities of Minor						
	a.	a. The minor's social activities are:						
	b.							
	C.	c. During the past year the minor has been in counseling with						
	٦							
	u.	During the past year the minor received in-patient services at						
7	Parenting time between the minor and parents was as follows:							
٠.		a. Father						
	۵.							
	b.	b. Mother	ther's current address:					
c. Comments about parenting time:								
	U.	c. Comments about parenting time.						
8.	Par	Parents complied with the	ardianship placement plan as follows:					
	Che	Changes should be made to the plan or follows:						
	Cria	Changes should be made to the plan as follows:						
_								
9.	The	The guardianship ☐ should ☐ should not be continued because:						
10		☐ am ☐ am not willing to continue to serve as guardian.  I1. As guardian, I have been ordered by the court to file an annual accou	nt which is attached.					
		Date						
		Signature	of guardian					
		Address						
		City, state	e, zip Telephone no.					