

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 _____.