

STATE OF MICHIGAN PROBATE COURT Washtenaw COUNTY	REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE Hon. Mary Smith
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Court address 111 Main Street, Ann Arbor, MI 48103	Court telephone no. 734-123-4567
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This report should be completed annually by the guardian or more often if directed by the court.

In the matter of Wilma Stone
First, middle, and last name of individual with a developmental disability

1. I, Robert Stone, am the guardian of the individual named above, and I report
Name (type or print)
for the period 06/22/2023 to 06/23/2024.
Date Date

2. Present age of the individual: 28.

3. The current address and telephone number of the individual are: 888 First Street, Ann Arbor, MI 48103, 734-888-8888

Check here if this is a new address

4. The individual's present living arrangement is:
 own home relative's home
 hospital or medical center guardian's home Relationship
 community placement home other: _____

5. The individual has been in the present residence since 10/11/2009. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows: _____

6. I rate the individual's present living arrangements as excellent. average. below average.

Explain if below average _____

7. I believe the individual is content with the living situation. unhappy with the living situation. I recommend a more suitable residence as follows: _____
Describe

8. The individual's mental condition has remained about the same. improved. deteriorated.

Describe the changes _____

9. The individual's physical health has remained about the same. improved. deteriorated.

Describe the changes _____

10. The individual's social condition has remained about the same. improved. deteriorated.

Describe the changes

11. The individual has received the following services:
 medical. educational. vocational. other professional services.

Wilma's medical needs are addressed annually and as needed. She attends a vocational supported employment program funded
Describe
by the local CMH.

12. My visits with and activities on behalf of the individual were: good; I attended the annual person-centered planning
meeting.

13. I believe the individual has the following needs: Due to staff limitations at home, Wilma doesn't get to attend her church
social programs as much as she'd like.

14. I have the following questions concerning the individual or my responsibilities: none

15. Other information requested by the court or necessary in the opinion of the guardian is as follows: The home is
trying to recruit volunteers to provide transportation to all the church socila programs Wilma wishes to attend.

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

17. I am am not willing to continue to serve as guardian.

NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardian for Developmentally Disabled Individual (PC 677).

18. As guardian, I have been ordered by the court to file an annual account, which is attached.

19. Comments: _____

06/23/2024

Date

Date

Signature of guardian
890 Center Street

Signature of co-guardian (if applicable)

Address

Address

Ann Arbor, MI 48107

734-999-9999

City, state, zip

Telephone no.

City, state, zip

Telephone no.

Check here if this is a new address

Check here if this is a new address

STATEMENT BY STANDBY GUARDIAN

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

Date

Signature of standby guardian

Address

City, state, zip

Telephone no.

Check here if this is a new address