

**STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY**

**ANNUAL REPORT OF GUARDIAN
ON CONDITION OF MINOR**

FILE NO.

This report must be completed annually by the guardian, or more often if directed by the court. If there are co-guardians, both must sign or file separate reports.

In the matter of _____, minor
First, middle, and last name

1. I, _____, am the guardian of the above named minor and my annual
Name (type or print)
report for the period _____ to _____ is as follows:
Date Date

2. Present age of the minor: _____ Minor's date of birth: _____

3. Living Arrangement

a. The current address and telephone number of the minor are: _____

b. The minor's residence is: Check here if this is a new address
 guardian's home relative's home: _____ other: _____
Relationship

c. The minor 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 minor's living arrangement as excellent. average. below average.

e. I believe the minor is content with the living situation. unhappy with the living situation.

f. I recommend a more suitable living arrangement for the minor as follows: _____

4. Physical Health

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

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

c. During the past year the minor received the following medical treatment (include check-ups and optical and dental work):

| Date | Ailment | Type of Treatment | Doctor's Name |
|------|---------|-------------------|---------------|
| | | | |
| | | | |
| | | | |

5. Education

a. The minor regularly attends school at _____
and is in grade _____.

b. The minor attends alternative education at _____
and is in grade _____.

c. The minor does not attend school because _____.

(SEE SECOND PAGE)

6. Activities of Minor

- a. The minor's social activities are: _____

- b. The minor participates in the following sports: _____
- c. During the past year the minor has been in counseling with _____
at _____.
- d. During the past year the minor received in-patient services at _____
_____.

7. Parenting time between the minor and parents was as follows:

- a. Father _____
Father's current address: _____
- b. Mother _____
Mother's current address: _____
- c. Comments about parenting time: _____

8. Parents complied with the court structured plan limited guardianship placement plan **as follows:**

Changes should be made to the plan as follows:

9. The guardianship should should not **be continued because:** _____

10. I am am not **willing to continue to serve as guardian.**

Date

Signature of guardian/co-guardian

Address

City, state, zip Telephone no.

Email

Date

Signature of co-guardian

Address

City, state, zip Telephone no.

Email

Check here if this is a new mailing address

Check here if this is a new mailing address

***Each co-guardian must sign or file a separate report**