## GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT

## ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL

CASE NO.

TRIBAL COURT	LEGALLY INCAPACITATED II FINAL REPOR		
Court address	Email		Court telephone no
2605 N. West Bay Shore Drive, Peshawl	pestown, MI 49682 tribalcou	ırt@gtb-nsn.gov	(231) 534-7050
guardian must complete a proof	yearly by the guardian, or more often if nd all interested persons as required by f of service (form PC 564) and file it and me of legally incapacitated individual	/ Michigan Court d this report with	Rules 5.105 and 5.125. Then the
First, middle, and last nar	ne of legally incapacitated individual		
1. I, Name (type or print)	, am the gi	uardian of the a	dult named above and my annual
report for the period of	to Date		is as follows.
Present age of the adult:			
3. Living Arrangement			
<ul> <li>a. The current address and telep</li> </ul>	hone number of the adult are:		
		heck here if this is	a new address
b. The name of the facility where	the adult resides, if any:		
c. The adult's residence is:			L
<ul><li>☐ own home/apartment</li><li>☐ nursing home</li></ul>	<ul><li>☐ guardian's home/apartmer</li><li>☐ hospital or medical facility</li></ul>	ıı 🗀 Oti	her: (boarding home, assisted living, etc.)
foster home	relative's home:		(boarding floring, doolsted living, etc.)
loster florite	Relationshi	0	
d. The adult has been in the pres	sent residence since		. If moved within the past year,
state the changes and the rea	sons for change. Date		
e. I rate the adult's living arrange	ment as 🔲 excellent. 🔲 ave	rage. 🔲 bel	ow average.
			Explain
<u></u>			
f. I believe the adult is Co	ntent with the living situation.	] unhanny with	a the living situation
_	_		h the living situation.
∐g. I recommend a more suitab	le living arrangement for the adult a		
		Expl	ain

Anı	ual Report o	f Guardian on Co	ndition of Legally Inc	apacitated Indiv	idual (6/23	3)	Case No.	
Pag	e 2 of 4							
4.	b. During to remain the remains the remain	ult's current phy the past year th nined about the oved. Explain	rsical condition is le adult's physical same.	☐ exce condition has	llent.	☐ good.	☐ fair.	poor.
	wors	ened. Explain	e adult received th	a a fallowing m	adical tra	atmont (in alu	ido obook upo	and dantal work)
						aimeni (inciu		and dental work).
	Date	Alin	nent	туре от 1	reatment		Doctor's Name	
5.	☐ a. I d ☐ b. I	Resuscitate O lid not execute, executed doing so, I	reaffirm, or revok		a do-not	-resuscitate or		under MCL 700.5314(d). attending physician.
6.	□ a. I c □ b. I In	did not executed executed doing so, I	Scope of Treatme , reaffirm, or revok reaffirmed did	e a POST form	m. a POST		dult under MCL t and his/her a	700.5314(g). ittending physician.
7.			, reaffirm, or revok ☐ reaffirmed				for the adult ι	under MCL 700.5314(f).
8.	b. Durir    re    in	adult's current on the past yea emained about on proved. Expla	in	al condition ha	as	good.	☐ fair.	poor.
		orsened. Expla	<sup>in</sup> r the adult receive	d the fellowing	n montal l	acalth traatm	ont:	
	c. Durii Date		Ailment	a the following		of Treatme		Doctor's Name
	Date	<u> </u>	Aiment		турс	Of Treatmen		Doctor 5 Name

	al Report of Guardian on Condition of Legally Incapacitated Individual (6/23) Case No.
Page	3 of 4
9.	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 were available. The adult refused to participate in any activities. The adult was unable to participate in any activities.
10.	List of Visits
	a. During the past year, I visited the adult as follows:  List dates
11.	b. The average amount of time I spent on each visit was  c. The last time I visited with the adult was on  Date  Activities  During the past year, I performed the following activities on behalf of the adult:
12.	Consultation During the past year, I consulted with the adult before making the following decisions:
13.	I believe the adult has the following unmet needs:
	14. The guardianship  should should not be continued because:

Note: If you no longer wish to serve as guardian, you must file a Petition to Terminate/Modify Guardianship (PC 675).

Annual Report of Guardian on Condition of Legally Incapacitated Indiv	vidual (6/23) Case No.					
Page 4 of 4						
☐ 15. There ☐ is ☐ is not more cash or property than wh	There 🗌 is 🗎 is not more cash or property than what was previously reported to the court.					
If there is, specify the additional amount: \$	·					
16. As guardian, I have been ordered by the court to file an annual account, which is attached.						
Date	Date					
Signature of guardian	Signature of co-guardian (if applicable)					
Address	Address					
City, state, zip Telephone no.  ☐ Check here if this is a new address	City, state, zip Telephone no.  ☐ Check here if this is a new address					