

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT	ANNUAL REPORT OF GUARDIAN ON CONDITION OF INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NUMBER
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Court Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740 **Phone No.** (231) 242-1462

NOTE: This report must be completed yearly by the guardian, or more often if directed by the Court. The guardian must serve the completed report on the ward and all interested persons. Then, the guardian must complete a proof of service and file it and this report with the Court.

In the matter of _____, an incapacitated individual

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

2. Present age of 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 change and reasons for the change _____

d. I rate the adult's living arrangement as excellent. average. below average. _____
Explain

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

f. 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. (If treatment or evaluation was provided, state reasons why and name/contact information for psychiatrist, psychologist or social worker.) _____

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. If yes, why? _____

7. List of Visits

- a. During the past year, I visited the adult as follows: _____
List dates

- b. The average amount of time I spent on each visit was _____
- c. The last time I visited with the adult was on _____

8. Activities

During the past year, I performed the following activities on behalf of the adult: _____

9. Consultation

During the past year, I consulted with the adult before making the following decisions: _____

10. I believe the adult has the following unmet needs: _____

11. The Guardianship should should not be continued because: _____

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

Date

Signature

Address

City, state, zip