

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	REPORT ON REVIEW OF GUARDIANSHIP OF LEGALLY INCAPACITATED INDIVIDUAL	Case No.
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In the matter of _____, a legally incapacitated individual

1. I have reviewed this guardianship.

2. I visited the individual on _____ Remotely In-Person
Date

3. a. I was unable to visit the ward because: _____

ward is deceased could not reach guardian to schedule a visit ward refused to participate

other: _____

b. I made the following attempts to visit with the ward: _____

4. Status of Ward

As determined by visit discussion with guardian other _____

a. Ward lives:

- | | | |
|---------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> independently | <input type="checkbox"/> with caregiver other than guardian | <input type="checkbox"/> incarcerated |
| <input type="checkbox"/> with guardian(s) | <input type="checkbox"/> adult foster care home | <input type="checkbox"/> rehabilitation facility |
| <input type="checkbox"/> assisted living facility | <input type="checkbox"/> group home | <input type="checkbox"/> forensic center |
| <input type="checkbox"/> skilled nursing facility | <input type="checkbox"/> boarding home | <input type="checkbox"/> |
| <input type="checkbox"/> other: _____ | | |

b. Ward is able to:

- | | |
|-----------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> communicate | <input type="checkbox"/> on limited basis |
| <input type="checkbox"/> feed self | <input type="checkbox"/> with assistance |
| <input type="checkbox"/> dress self | <input type="checkbox"/> with assistance |
| <input type="checkbox"/> ambulate | <input type="checkbox"/> with assistance |
| <input type="checkbox"/> participate in/attend activities | |

c. Ward appears: well cared for needs more assistance with: _____

d. Ward's condition is: improving stable deteriorating unknown

e. Ward appears oriented to: situation surroundings unknown

(PLEASE SEE NEXT PAGE)

FILED _____ 20 _____

f. Ward is visited by (check all that apply): Guardian Family Other: _____

g. Is the guardian accessible and responsive to the needs of ward? Yes No unknown

If no, please explain: _____

h. Does ward wish to continue guardianship? Yes No ward is unable to respond

5. Observations regarding the ward's surroundings: _____

6. Assessment of Guardian

a. I spoke to the guardian(s) on: _____ by phone in-person
Date

b. What is the guardian's opinion regarding the care the ward is receiving? _____

c. Does the guardian believe the guardianship remains necessary? yes no unknown

d. Is the guardian willing to continue as guardian? yes no unknown

7. Comments and Concerns

After speaking with the guardian and/or ward, I have the following concerns: _____

Additional Comments: _____

