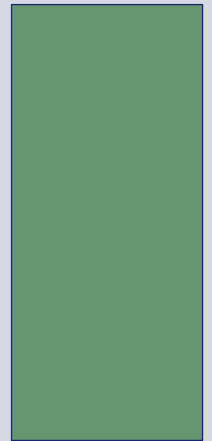


GUARDIANSHIPS

REQUIREMENTS OF GUARDIANS AND OTHER
INFORMATION



REQUIREMENTS – ANNUAL REPORT

- Annual report -- What to file, when to file, how to file.
- What to file depends on the type of guardianship – GA, DD, GM, LG, JG.

WASHTENAW COUNTY PROBATE COURT



101 E. Huron Street, PO Box 8645
Ann Arbor, MI 48107-8645
(734) 222-3072
Fax: (734) 222-3019

Molly Schikora
Probate Register

Susan Synowiec
Deputy Register
Amy White
Deputy Register

File name: In the matter of Molly Smith |

File number: 17-000XXX-GA

Guardian(s): Audrey Smith

Date that letters of authority were issued: 01/05/2017

FILING DEADLINE

Annual reporting period:	01/05 to 01/05
First Annual Report (form PC 634) and Proof of Service (form PC 564) is due by:	03/02/2018
Annual report is due every year by:	03/02 (March 2)

If there are two guardians, both must sign the report.

A proof of service form (PC 564) is required to be filed with the Court along with the completed annual report. You are required to mail or hand-deliver the completed annual report to "interested persons". These include the ward, the person who has principal care and custody of the ward, the ward's spouse and adult children or, if no adult children are living, the presumptive heirs of the ward. Listing the names of the people whom you gave a copy of the report shows the Court that people entitled to the report received it.

You must notify the probate clerk's office within 7 days if you move and within 14 days if the ward moves. If the ward passes away, you must notify the court within 14 days.

Court forms may be identified by their number, located at the bottom of each form's first page (e.g. PC654). Completed forms can be mailed to the address at the top of this form or hand-delivered.

If you fail to comply with Court requirements, you can be held in contempt of Court and/or your authority can be terminated.

RESOURCES FOR REPRESENTATIVES

Probate clerk's office phone number is (734) 222-3072. *(Clerks cannot give legal advice.)*

Trial Court Website: www.washtenawtrialcourt.org

Washtenaw County Bar Association Lawyer Referral Service number is (734) 996-3229.

Michigan Legal Help: <http://michiganlegalhelp.org>

Assistance with forms, including their purchase, may be available at the Legal Resource Center (734) 994-0160



JULIA B. OWDZIEJ
Probate Court Judge

WASHTENAW COUNTY PROBATE COURT

101 E. Huron Street, PO Box 8645
Ann Arbor, MI 48107-8645
(734) 222-3072
Fax: (734) 222-3019

Molly Schikora
Probate Register

Susan Synowiec
Deputy Register
Amy White
Deputy Register

File name: In the matter of Molly Smith

File number: 17-000XXX-DD

Guardian: Audrey Smith (standby is Sofia Smith)

Date that letters of authority were issued: 01/05/2017

FILING DEADLINES

Annual reporting period:	01/05 to 01/05 (January 5)
First Annual Report (form PC 663) is due by:	03/02/2018
Guardianship expiration date:	01/03/2022
Annual report is due every year by:	03/02 (March 2)

If there are co-guardians, both must sign the report that is submitted or submit a report individually. Any designated stand-by guardian must sign the form indicating whether or not he or she is willing to continue to serve in that capacity.

You must notify the court within 7 days if you move and within 14 days if the ward moves. If the ward passes away, you must notify the court within 14 days.

Court forms may be identified by their number, located at the bottom of each form's first page (e.g. PC 663). Completed forms can be mailed to the address at the top of this form or hand-delivered.

If you fail to comply with Court requirements, you can be held in contempt of Court and/or your authority can be terminated.

RESOURCES FOR REPRESENTATIVES

Probate clerk's office phone number is (734) 222-3072. *(Clerks cannot give legal advice.)*
 Trial Court Website: www.washtenawtrialcourt.org
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 Michigan Legal Help: <http://michiganlegalhelp.org>
 Assistance with forms, including their purchase, may be available at the Legal Resource Center (734) 994-0160
 Forms can be found at <http://courts.mi.gov/administration/scao/forms> or www.washtenawtrialcourt.org.

WHAT TO FILE

The forms all have numbers in a lower corner of first page – e.g. “PC 634”.

Approved, SCAO JIS CODE: AGW

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> FINAL REPORT	FILE NO. _____
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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 as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of _____, a legally incapacitated individual

1. I, _____, am the guardian of the adult named above and my annual report for the period of _____ to _____ is as follows.

2. Present age of the adult: _____ Date of birth: _____

3. Living Arrangement

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

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is:

<input type="checkbox"/> own home/apartment	<input type="checkbox"/> guardian's home/apartment	<input type="checkbox"/> other: _____
<input type="checkbox"/> nursing home	<input type="checkbox"/> hospital or medical facility	(boarding home, assisted living, etc.)
<input type="checkbox"/> foster home	<input type="checkbox"/> relative's home: _____	Relationship _____

d. The adult has been in the present residence since _____ Date: _____. If moved within the past year, state the changes and the reasons for change.

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

f. I believe the adult is content with the living situation, unhappy with the living situation.

g. I recommend a more suitable living arrangement for the adult as follows: _____

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

MCL 700.5314(e), (g), MCL 700.5317, MCR 5.409(A)

PC 634 (9/14) ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL

ANNUAL FILINGS – FORM NUMBERS

- GAs – PC 634 and PC 564
- DDs – PC 663
- GM/LGs – PC 654
- JG – JC 94 and JC 12a

OPTIONS FOR FINDING FORMS

- <http://courts.mi.gov/administration/scao/forms>
- Some forms can be found at www.washtenawtrialcourt.org
- You can google “michigan scao pc [form number]”
- You can copy the forms in your bundle.

REPORTING PERIOD & FILING DEADLINE (WHEN TO FILE)

Approved, SCAO JIS CODE: LOG

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	LETTERS OF GUARDIANSHIP	FILE NO. _____
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In the matter of _____

TO: Name and address Guardian's telephone no.

1. You have been appointed by will or other witnessed writing by the court as _____
guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

a. together with all authority and responsibilities granted and imposed by law.

b. except as follows: _____

c. as to the following powers and responsibilities only: _____

3. These letters of guardianship expire on _____ Date _____

Date Judge Bar no.

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date Deputy probate register/clerk

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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PC 633 (9/12) LETTERS OF GUARDIANSHIP MCL 330.1631, MCL 700.5103, MCL 700.5214, MCL 700.5215(f), (g), MCL 700.5314(a), (e),
MCL 700.5417, MCR 5.202, MCR 5.402(D), MCR 5.405(C), MCR 5.406(A), MCR 5.409

DUE DATES, CONTINUED

For example, if your letters of guardianship were signed on March 24, your reporting period runs from March 24 to March 24 the following year. Your report is due no later than 56 days (8 weeks) after the end of the reporting period. In this example, it is due every year between March 24 and May 19.

We can adjust your reporting period. (There are limits.)

If you submit a late report, the reporting period does not change. We cannot allow for a reporting period of greater than one year.

ANNUAL REPORT, CONTINUED (HOW TO FILE)

- If there are two guardians, both must sign a single report or each submit his or her own report.
- Forms should be mailed (first-class mail) or brought to the address on your cover sheet –

Washtenaw County Probate Court

P.O. Box 8645

101 E. Huron St.

Ann Arbor, MI 48107-8645

OTHER REQUIREMENTS/ INFORMATION

If the ward moves out of the county, the case may transfer to the new county. If the ward moves out of the state, we will give you time to establish guardianship in the new state.

Wherever you move you must notify us of any address change for you (within 7 days) or the ward within (14 days).

If the ward passes away, we will close the case after you send us a copy of the death certificate.

EXPIRATION OF LETTERS

- Your letters of authority likely have an expiration date. The letters are proof of your authority. The Court will provide certified letters with extensions in one-year increments upon request and payment of \$12.
- Even if your letters are expired, your authority continues unless the Judge has issued an order ending it.
- The request for extended letters will be granted if an acceptable annual account is on file.

EXPIRATIONS

Approved, SCAO JIS CODE: OAG

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	FILE NO. _____
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In the matter of _____

Court OR#	Date of birth	Race	Sex	Current address of incapacitated individual
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1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

3. The individual is not in need of a guardian.

4. Upon the presentation of clear and convincing evidence, the individual named above, by reason of
 mental illness mental deficiency chronic use of drugs
 chronic intoxication physical illness or disability other: _____
 is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.

5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.

6. The individual is partially totally without the capacity to care for himself/herself.

7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.

8. Financial protection is required for the individual.

IT IS ORDERED:

9. The petition for appointment of guardian is granted, denied on the merits, dismissed/withdrawn.

10. _____, whose address and telephone number are:
 Name (type or print) _____
 Address _____ City _____ State _____ Zip _____ Telephone no. _____
 is appointed limited full guardian of the adult and shall qualify by filing an acceptance of appointment.
 Bond at \$_____ must be filed.
 The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

11. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 et seq.

12. The limited guardian shall have only the following powers: _____

13. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

14. **IT IS FURTHER ORDERED:** _____

Date _____ Judge _____

Attorney name (type or print) _____ Bar no. _____

Address _____
 City, state, zip _____ Telephone no. _____

Do not write below this line - For court use only

MCL 700.1105, MCL 700.5106, MCL 700.5107, MCL 700.5306, MCL 700.5313, MCL 700.5319(1)

PC 631 (R12) ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL

Approved, SCAO JIS CODE: LOG

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	LETTERS OF GUARDIANSHIP	FILE NO. _____
---	-------------------------	----------------

In the matter of _____

TO: Name and address _____ Guardian's telephone no. _____

3. You have been appointed by will or other witnessed writing by the court as _____
 guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

a. together with all authority and responsibilities granted and imposed by law.

b. except as follows: _____

c. as to the following powers and responsibilities only: _____

3. These letters of guardianship expire on _____ Date _____
 _____ Judge _____ Bar no. _____

Attorney name (type or print) _____ Bar no. _____

Address _____
 City, state, zip _____ Telephone no. _____

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date _____ Deputy probate register/clerk _____

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

EXPIRATIONS

Approved: SCAO JIS CODE: LOG

STATE OF MICHIGAN PROBATE COURT COUNTY	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH MENTAL DISABILITY	FILE NO. 1 DD
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CIRCUIT COURT In the matter of _____, an individual with a developmental disability

TO: Name of person(s) to be appointed

You have been appointed and have qualified as partial guardian plenary guardian of the estate person of the individual named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules, and order of this court unless limited below.

The guardian's authority is limited to those acts specifically set forth below: education, legal, residential, placement, medical, financial

The order appointing you as guardian expires on 4/11/18 Date

Date 2/15/17 Judge [Signature] Bar no. Mon. Julie Owdziej P42715

Attorney name (type or print) _____ Bar no. _____
Address _____
City, state, zip _____ Telephone no. _____

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date _____ Deputy probate register/clerk _____

Do not write below this line - For court use only

MCR 5.202, MCR 5.402(D)

PC 662 (10/07) LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

10. There is no qualified, suitable individual or agency willing to act as guardian and the appointment of an agency directly providing services to the individual is necessary at present.

11. A reasonable effort was made to orally inform the individual of his/her right to request the guardianship to be dismissed or modified at any time. A written notice of these rights was also served on him/her.

12. Other: _____

IT IS ORDERED:

13. The petition is granted. denied on the merits. dismissed/withdrawn.

14. Name (type _____) _____
Address _____ City _____ State _____ Zip _____ Telephone no. _____
is appointed individual estate
 a. plenary guardian of the _____ until further order of the court
and shall qualify by filing an acceptance of appointment. a bond in the amount of \$ _____

b. partial guardian of the individual estate for the term of 5 years 2/15/22
and shall qualify by filing an acceptance of appointment. a bond in the amount of \$ _____, and shall have only the following powers:
education, residential placement,
medical, financial & legal

The individual retains all legal and civil rights except those which have been specifically granted to the partial guardian. After qualification, the guardian shall comply with all relevant requirements under the law.

15. The guardian is authorized to execute an application to admit the individual named above to

16. Name of _____
Name (type _____) _____
Address _____ City _____ State _____ Zip _____ Telephone no. _____
is appointed standby guardian. In case of death, incapacity, or resignation of the initially-appointed guardian or an emergency situation during the absence and unavailability of the initially appointed guardian, the standby guardian shall file an acceptance of appointment a bond in the amount of \$ _____ and shall assume the powers and duties of the initially-appointed guardian.

Date 2/15/17 Judge [Signature] Bar no. Mon. Julie Owdziej P42715

Attorney name (type or print) _____ Bar no. _____
Address _____ City _____ State _____ Zip _____ Telephone no. _____

GUARDIANSHIP INVESTIGATIONS

- By law the Court is obliged to arrange visits with many of our wards (“review the case”). The Court may conduct additional reviews of any type of guardianship.
- When a scheduled review is due, we will notify you by letter that an assigned (named) investigator will contact you.
- Court employees or adult volunteers from the community do the investigations.

- The investigator will review the court file, ask you and/or any co-guardian questions about the ward, and visit the ward where he or she lives.
- You will receive a copy of the report and any court order that is issued. Occasionally, a hearing may be set to address a particular issue raised by the investigation.
- (You have to file your report even if we have just done an investigation.)

SPECIFICS FOR GM/LG GUARDIANSHIPS

An investigator will visit a minor every year until he or she is 6.

Not including visits, you must have Court approval before you send the child back to a parent or place them with someone else.

You must arrange at least one dental check- up for the ward per year and document the dental visit(s) and any medical appointments in the report.

Ends automatically when ward is 18.

SPECIFICS FOR DD GUARDIANSHIPS

Stand-by guardians must sign the annual report.

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

18. Comments: _____

Date _____ Address _____

Signature of guardian _____ City, state, zip _____ Telephone no. _____

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 _____

Name (type or print) _____

Address _____

Most DD guardianships ends automatically after 5 years. That date will be on your order/ letters. You must file a petition to have your letters extended several weeks before they expire.

SPECIFICS FOR GA GUARDIANSHIPS

Investigator will come out after the first year and every three years after.

You must visit the ward at least once in every three month period and document these contacts.

Before you execute or reaffirm a “DNR” order, you must discuss that with the ward to the extent possible and also with his or her physician. (See item 5 on the annual report form.)

5. **Do-Not-Resuscitate Order**
a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
b. I executed reaffirmed revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).
In doing so, I did did not consult with the adult and his/her attending physician.

6. **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.

7. **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: _____

GA & JGs - PROOF OF SERVICE REQUIREMENT

- By court rule, you must give a copy of your annual report to specific people (see your instructions sheets for the list).
- You can send him/her a copy of the report by ordinary first-class mail or you can simply hand-deliver it. The ward is always an interested person, regardless of his or her condition.
- To show us that you gave out the necessary copies, you must file a “proof of service” form along with your report.
- The people who are sent or handed a copy of your report do not need to sign anything.

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PROOF OF SERVICE	FILE NO. _____
---	-------------------------	-------------------

In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 517.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$ _____	_____	\$ _____	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$ _____	_____	\$ _____	\$ 0.00

Date _____

Signature _____
Name (type or print) _____

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

FOR HELP!

- Probate Court Clerk's office -- (734) 222-3072 (We can't give legal advice but we can give some procedural information; we can also schedule a 20-minute free session with an attorney)
- Legal Resource Center – (734) 994-0160 (limited hours)
- Washtenaw County Bar lawyer referral service – (734) 996-3229 (\$30 for 30 minutes)
- www.michiganlegalhelp.org