

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
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In the matter of _____, an individual with an alleged developmental disability

1. I, _____, report to the court that:
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: _____

Type: _____

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

should be modified

5. Guardianship is needed for the following reason(s): _____

is not needed.

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

The guardian should be authorized to make application to place the individual in _____
Name or type of facility
_____ .

Date

Signature of person preparing report

Name of center or agency

Address

City, state, zip

Telephone no.