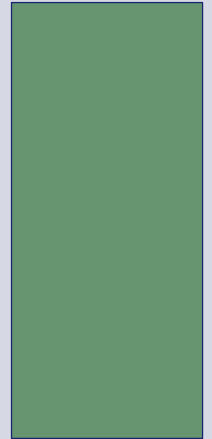


LIVINGSTON COUNTY PROBATE COURT

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** = Guardianship of an Adult
- **DD** = Developmental Disability Guardianship
- **GM** = Guardianship of a Minor
- **LG** = Limited Guardianship of a Minor

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 (3/14) ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL

ANNUAL FILINGS – FORM NUMBERS

GAs –

- **PC634** (*Annual Report of Guardian on Condition of Legally Incapacitated Individual*)
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc634.pdf>
- **PC 564** (Proof of Service)
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc564.pdf>

GM/LGs –

- **PC 654** (*Annual Report of Guardian on Condition of Minor*)
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc654.pdf>
- **PC 564** (Proof of Service)
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc564.pdf>

ANNUAL FILINGS – FORM NUMBERS

DDs –

- **PC663** (*Report of Guardian on Condition of Individual with Developmental Disability*)

<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc663.pdf>

PC 564 (Proof of Service)

<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc564.pdf>

REPORTING PERIOD & FILING DEADLINE (WHEN TO FILE)

Approved SS49
STATE OF MICHIGAN
PROBATE COURT
COUNTY OF LIVINGSTON

FILE NO. _____
2-10-2021 GA

LETTERS OF GUARDIANSHIP

In the matter of _____

TO: Name and address _____
Guardianship phone no. _____

1. You have been appointed by will or other witnessed writing by the court as Full 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.
The guardian shall keep the court advised of the current address and phone number for both the guardian and the ward.
 b. except as follows:
 c. as to the following powers and responsibilities only:

3. These letters of guardianship expire on March 10, 2021 further order of the Court.
Date

Joseph M. JAMA F01875
Judge Ref. no.

Address (name, type or print) _____
 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 an official court library location, please enter the court name and county in the upper left-hand corner of the form.
 Done with below the line - For court use only

CC 400 3/10/21

MAR 10 2021

PC 635 (Rev. 2) LETTERS OF GUARDIANSHIP

NOTICE OF DUTY TO VISIT

You are required by law to visit the individual for whom you are guardian at least once every three months.

NOTICE OF REPORTING DUTIES

You are required by law to file with this court a written report on the indicated times. Forms are available at the court.

CHANGE IN PLACE OF RESIDENCE: You are required to promptly inform the court of any change in the ward's residence within 15 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of a change in your address.

ANNUAL REPORT:
 Your annual report on condition of ward is due on MARCH 10th of each year. (See form PC 634 or PC 654.)
Date
 In addition, you must serve the report on the ward and interested persons as specified in the Michigan Court Rules and file proof of service with the court.

ACCOUNTS: You must file with this court once a year, either on the anniversary date of your letters of authority or on another date you choose (you must notify the court of this date) a true and correct accounting of your administration of the estate. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service. (See form PC 653 or PC 654, Account.)

ONGOING DUTY TO REPORT: Pursuant to MCL 700.521(9)(2), if a conservator has not been appointed for the ward's estate and you determine that there is more cash or property that is readily convertible into cash in the ward's estate than was estimated by the guardian ad litem and reported to the court, you must report the amount of the surplus at cash or property to the court.

DEATH OF WARD: If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 60 days of the date of death.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE

DUE DATES, CONTINUED

If your letters of guardianship were signed on March 10, your reporting period runs from March 10 to March 10 the following year. Your report is due no later than 56 days (8 weeks) after the end of the reporting period. In this case, it is due every year between March 10 and May 5.

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)

You may get a reminder to file in the mail (or you may not!).

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 hand delivered to the address below, or emailed to probatecourt@livgov.com

Livingston County Probate Court
204 S. Highlander Way
Howell, Mi 48843

OPTIONS FOR FINDING FORMS

- You can buy some sets of forms at the probate clerk's office (\$1.00 per SCAO approved form).
- You can google "michigan scao pc [form number]"
- Links to forms can be found in slide #4 and #5.

MISCELLANEOUS OTHER REQUIREMENTS/ INFORMATION

- Wherever you move you must notify us of any address change for you (within 7 days). If the ward moved you must notify the court within (14 days). You can contact the Probate Court to have a change of address form emailed to you.
- 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.
- If the ward passes away, we will close the case after you send us a copy of the death certificate. The Court does not have access to death records so you will need to provide this to the Court.

GUARDIANSHIP REVIEWS

By law the Court is required to arrange visits with many of our wards (“review the case”). The Court may conduct additional reviews of any type of guardianship.

If someone refers to this as a “guardianship investigation or review”, do not be alarmed. We are just checking in to see how things are going and make sure the ward is receiving proper care. We are required by statute to conduct reviews.

When a scheduled review is due, we will notify you with a letter stating that an assigned investigator will contact you. There will be a name of the investigator on the form.

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 DD GUARDIANSHIPS

Stand-by guardians must sign the annual report.

18. Comments:

Date

Signature of guardian

Address

City, state, zip

Telephone no.

Check here if this is a new address

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Telephone no.

Check here if this is a new address

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

Address

Check here if this is a new address

Signature of standby guardian

City, state, zip

Telephone no.

DD EXPIRATIONS

Approved: SCAG JWS: EAD/ML/END

STATE OF MICHIGAN PROBATE COURT LIVINGSTON COUNTY CIRCUIT COURT - FAMILY DIVISION	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO. [REDACTED]
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In the matter of [REDACTED], an individual with a developmental disability
TO: [REDACTED]

THESE LETTERS AUTHORIZE THE ABOVE NAMED CO-GUARDIANS TO ACT IN CONCERT OR INDEPENDENTLY.
You have been appointed and have qualified as partial co-guardians 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:
LEGAL, MEDICAL, FINANCIAL, EDUCATIONAL, VOCATIONAL AND PLACEMENT DECISION MAKING ONLY

The partial guardian shall not sell, mortgage, encumber, or otherwise dispose of any interest in real property without a prior court order of approval. The funds shall not be loaned out or borrowed from the accounts or assets of the protected individual under any circumstances. The partial guardian shall keep the court advised of the current address and phone number for both the guardian and protected individual.

The order appointing you as guardian expires on 03/17/2021
Date

03/17/2021
Date

JUDGE MERIAY A. CAVANAUGH (P61875)
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 _____
Do not write below this line - For court use only

318-21
copies to gals

PC 682 (1307) LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY MCR 5.202, MCR 5.402(C)

Most DD guardianships end automatically after 5 years. At that time, you will need to secure new evaluations and file a new petition. You will want to do this about 4 to 5 weeks before it expires (or more) so there is not a lapse. Once the petition and evaluations are filed, the court will schedule a hearing.

GAs, GMs, LGs - PROOF OF SERVICE REQUIREMENT

You must give a copy of your annual report to specific people

- By first class mail or hand-delivery.
- You must file a “proof of service” form along with report.
- The people who get it do not need to sign anything.

PROOF OF SERVICE FOR GUARDIANSHIP OF **MINORS** (GM AND LG CASES – GENERAL RULES)

Guardian must give a copy of the annual report to

- The **minor**, if 14 or over
- Person who is **taking care** of the minor (if not you)
- [Legal] **Parents**

*If the minor has no parents, a copy must go to the **grandparents and adult siblings** of the minor.*

PROOF OF SERVICE FOR GUARDIANSHIP OF **ADULTS** (GA CASES – GENERAL RULES)

Guardian must give a copy of the annual report to

- The **ward**
- Person who is **taking care** of the ward (if not you, if there is one)
- **Spouse**
- **Adult children**

If there are no adult children, you must notify the closest relative(s).

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PROOF OF SERVICE	FILE NO. _____
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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 617.

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

SPECIFICS FOR GM/LG GUARDIANSHIPS

- An investigator will visit a minor every year until he or she is 6, and at any time thereafter that the Judge orders a review.
- Not including visits, you must have Court approval before you send the child back to a parent or place them with someone else.
- Ends automatically when minor turns 18.

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 (item 10).
- At 4c and 8c, be specific. You can add sheets to your report.
- Before you execute or reaffirm a “DNR” order or POST, you must discuss that with the ward to the extent possible and also with his or her physician. (See items 5 and 6 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. Physician Orders for Scope of Treatment (POST) Form

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I executed reaffirmed revoked a POST form for the adult under MCL 700.5314(g).
In doing so, I did did not consult with the adult and his/her attending physician.

7. Nonopioid Directive

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I executed reaffirmed revoked a nonopioid directive for the adult under MCL 700.5314(f).

CONTACT INFO FOR HELP

- Probate Court Clerk's Office
- Office: (517) 546-3750
- Email: probatecourt@livgov.com
- (We can't give legal advice but we can give some procedural information)