

**LITTLE RIVER BAND  
OF OTTAWA INDIANS  
TRIBAL COURT**

**REPORT OF GUARDIAN ON  
CONDITION OF INDIVIDUAL WITH  
DEVELOPMENTAL DISABILITY**

**CASE NO. and JUDGE**

Court address

Court telephone no.

This report should be completed annually by the guardian or more often if directed by the court.

In the matter of \_\_\_\_\_  
First, middle, and last name of individual with a developmental disability

1. I, \_\_\_\_\_, am the guardian of the individual named above, and I report  
Name (type or print)  
for the period \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

2. Present age of the individual: \_\_\_\_\_.

3. The current address and telephone number of the individual are: \_\_\_\_\_.

Check here if this is a new address

4. The individual's present living arrangement is:

- own home                       relative's home \_\_\_\_\_  
 hospital or medical center       guardian's home Relationship  
 community placement home       other: \_\_\_\_\_

5. The individual has been in the present residence since \_\_\_\_\_. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows: \_\_\_\_\_

6. I rate the individual's present living arrangements as     excellent.     average.     below average.

Explain if below average

7. I believe the individual is     content with the living situation.     unhappy with the living situation. I recommend a more suitable residence as follows: \_\_\_\_\_  
Describe

8. The individual's mental condition has     remained about the same.     improved.     deteriorated.

Describe the changes

9. The individual's physical health has     remained about the same.     improved.     deteriorated.

Describe the changes

10. The individual's social condition has  remained about the same.  improved.  deteriorated.

Describe the changes \_\_\_\_\_  
\_\_\_\_\_

11. The individual has received the following services:  
 medical.  educational.  vocational.  other professional services.

Describe \_\_\_\_\_  
\_\_\_\_\_

12. My visits with and activities on behalf of the individual were: \_\_\_\_\_  
\_\_\_\_\_

13. I believe the individual has the following needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. I have the following questions concerning the individual or my responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Other information requested by the court or necessary in the opinion of the guardian is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. The guardianship  should  should not be continued because: \_\_\_\_\_  
\_\_\_\_\_

17. I  am  am not willing to continue to serve as guardian.

NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardian for Developmentally Disabled Individual (PC 677).

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

19. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Check here if this is a new address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of co-guardian (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Check here if this is a new address

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address