

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE</b>	<b>REPORT ON REVIEW OF GUARDIANSHIP OF Individual w/a Developmental Disability</b>	<b>FILE NO.</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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In the matter of , a legally incapacitated individual

1. I have reviewed this guardianship.

2. I visited the individual on:

Date Location

3. The ward's or fiduciary's address has changed to:

Ward:

Fiduciary:

4. I was not able to visit the legally incapacitated individual because:

5. I report to the court as follows:

the guardianship be continued.

6. I recommend  this matter be set for hearing and an attorney be appointed for the legally incapacitated individual.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

Do not write below this line - For court use only