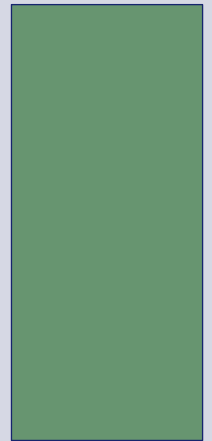


GUARDIANSHIPS

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

How to find court forms

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

GA/GLs –

- **PC634** (Annual Rpt of G on Condition of Legally Incapacitated Individual)

GM/LGs –

- **PC 654** (Annual Rpt of G on Condition of Minor)

DDs –

- **PC663** (Rpt of G on Condition of Individual with Developmental Disability)
- **For all case types:**
 - **PC 564** (Proof of Service)

JIS Code: AGW

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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 _____
First, middle, and last name of legally incapacitated individual

1. I, _____, am the guardian of the adult named above and my
Name (type or print)
annual report for the period of _____ to _____ is as follows.
Date Date

2. Present age of the adult: _____

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: Check here if this is a new address

<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	<small>(boarding home, assisted living, etc.)</small>
<input type="checkbox"/> foster home	<input type="checkbox"/> relative's home: _____	<small>Relationship</small>

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

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: _____

Approved, SCA: _____
Form PC 634, rev. 10/20
MCL 700.5314, MCL 700.5317, MCR 5.409(A)
Page 1 of 4

OPTIONS FOR FINDING FORMS

- You can Google “michigan scao pc[form number]”
- You can follow the link on the court’s website:
www.wcpc.us (click on Forms, then SCAO forms)

REPORTING PERIOD & DUE DATE: CHECK YOUR LETTERS

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE WWW.WCDC.US	LETTERS OF GUARDIANSHIP	FILE NO. Judge
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In the matter of Person ABC, Legally Incapacitated Individual

TO: Name and address
Guardian
123 Maple St
Detroit, MI 48226

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.
Power to execute, affirm, or revoke non-opioid directive for the ward.
Authority to consent to inpatient hospitalization.

b. except as follows:
The fiduciary may not relocate the ward out of the state without prior Probate Court authority.

3. These letters of guardianship expire on 1/18/2023
Date

11/23/2020
Date

Judge

Attorney name (type or print) Bar no.

Attorney name (type or print) Bar no.

Address

Address

City, state, zip Telephone no. City, state, zip Telephone no.

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 Registrar

The Letters of Authority are valid only if issued with the official seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCL 330.1651, MCL 700.5105, MCL 700.5214, MCL 700.5215(6), (6a), MCL 700.5314(2a), (2b), (2c), (2d), (2e), (2f), (2g), (2h), (2i), (2j), (2k), (2l), (2m), (2n), (2o), (2p), (2q), (2r), (2s), (2t), (2u), (2v), (2w), (2x), (2y), (2z), (3), (4), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (20), (21), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32), (33), (34), (35), (36), (37), (38), (39), (40), (41), (42), (43), (44), (45), (46), (47), (48), (49), (50), (51), (52), (53), (54), (55), (56), (57), (58), (59), (60), (61), (62), (63), (64), (65), (66), (67), (68), (69), (70), (71), (72), (73), (74), (75), (76), (77), (78), (79), (80), (81), (82), (83), (84), (85), (86), (87), (88), (89), (90), (91), (92), (93), (94), (95), (96), (97), (98), (99), (100)

Due to the national health emergency related to the Covid-19 virus, Wayne County Probate Court may be issuing letters of authority by email as much as possible to reduce personal contact. If you have any questions about the authenticity of the document being presented to you, please first go to our website at www.wcdc.us and check the case information under the "Case Access" header, then search by either case name or case number. The Register of Actions, including fiduciary and party names, is available online.

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 form(s) and at 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 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

ANNUAL REPORT:
Your annual report on condition of ward is due on each year on 1/18. (Use form PC 654 or PC 654)

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) or more often if the court directs, a complete itemized 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.** (Use form PC 583 or PC 584 "Account")

ONGOING DUTY TO REPORT: Pursuant to MCL 700.5319(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 additional 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 56 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 24, your reporting period for the annual report 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.

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 will get a reminder to file your annual report by email or mail 28 days before the anniversary date.

If there are two guardians, both must sign a single report or each submit his or her own report.

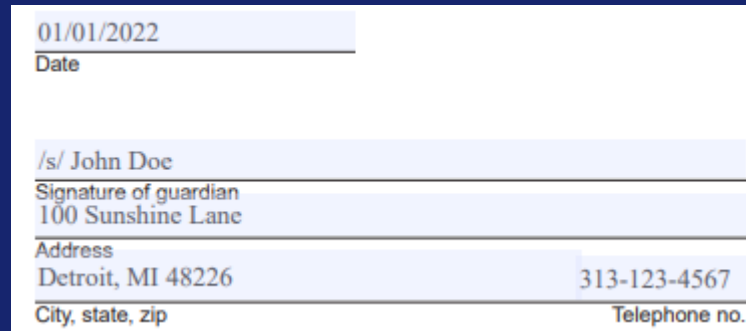
Forms should be emailed to filedept@wcpc.us as a PDF document.

You may instead mail or drop off (no in-person service, just dropbox) the report to:

Wayne County Probate Court
Attn: Records Dept.
1305 CAYMC
2 Woodward Ave.
Detroit, MI 48864

COMMON REASONS YOUR REPORT IS RETURNED FOR CORRECTION

- make sure you sign and date the report at the bottom of the last page
- you can electronically sign your name, instead of signing by hand, so that it looks like this:



01/01/2022
Date

/s/ John Doe
Signature of guardian
100 Sunshine Lane
Address
Detroit, MI 48226
City, state, zip

313-123-4567
Telephone no.

- make sure your reporting period is correct (check your Letters for anniversary date)
- Include all pages of the form

GAs, GLS, 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, GL 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

MISCELLANEOUS OTHER REQUIREMENTS/ INFORMATION

- Whenever 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. Complete form WCPC75 “Non-Attorney Change of Address” available on the Court’s website under Forms. Email the completed form to filedept@wcpc.us.
- If the ward passes away, it is your responsibility to notify the court by sending us a copy of the death certificate. The court will close the case once that is received.

GUARDIANSHIP REVIEWS

By law the Court is obliged to arrange visits with our wards every 3 years and annually for minors under 5 years old.

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

The investigator will review the court file, call to ask you and/or any co-guardian questions about the ward, and visit or call the ward/minor where he or she lives.

You will receive a copy of the report from the investigator 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 annual report even if an investigation was just conducted.)

SPECIFICS FOR GM/LG GUARDIANSHIPS

- An investigator will visit the 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.
- Guardianship ends automatically when minor turns 18.

SPECIFICS FOR GA/GL 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).

SPECIFICS FOR DD GUARDIANSHIPS

Stand-by guardians, if one has been appointed, must sign the 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

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO. Judge
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In the matter of Person ABC, an individual with a developmental disability
First, middle, and last name

TO: Name, address, city, state, and zip
Person CDF
123 Maple St
Dearborn, MI 48124

You have been appointed and have qualified as Partial Guardian of the 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:

- (A) Consent to ordinary and emergency medical and surgical treatment. This authority excludes extraordinary procedures including, but not limited to, sterilization, vasectomy, abortion, organ transplants from the ward to another person, and experimental treatment.
- (B) Make all legal and contractual decisions on behalf of ward.
- (C) Make program and placement decisions on behalf of ward.
- (D) Release information, consent to photographs and fingerprints.
- (E) Arrange for and consent to the living arrangements of the ward.
- (F) Arrange any and all travel and transportation of ward, but retaining the right of the ward to make travel decisions for less than _____.
- (G) As indicated below, reserve to the ward the right to make any and all monetary decisions involving \$ _____ or less with supervision.
- Retain the rights of the ward to make decisions regarding daily program activities and daily dress.
- The guardian is authorized to execute the necessary applications for the administrative admission of the ward to some suitable alternative care center or group home or a similar facility _____ of a less restrictive nature.
- The order appointing you as guardian will expire on: 1/21/2026
- Neither the ward nor the guardian may execute a Power of Attorney on behalf of the ward.

Date _____ Judge _____

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 Registrar _____

The Letters of Authority are valid only if issued with the official seal of the Wayne County Probate Court.

Do not write below this line - For court use only

MCH 5-2022 MCH 5-402(1)

PC 89-1(2)(1) LETTERS OF GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

Most DD guardianships end automatically after 5 years. File a new petition for guardianship 2 months before the end date of the guardianship to ensure continuity.

EXPIRATION OF LETTERS

Your letters of authority will have an expiration date. The letters are proof of your authority. The Court will provide updated letters of authority upon request and payment of \$12.

To request updated letters of authority, complete form WCPC99, Petitioner Filing Coversheet, when filing your Annual Report/Report.

Even if your letters are expired, your authority continues unless the Judge signs an order terminating your authority. You will likely not be able to perform many functions with an expired letter of authority.

See instructions on website www.wcpc.us (click on Filing, then Requesting Updated Letters) to request additional copies or updated Letters.

HOW TO CHANGE GUARDIAN OR END THE GUARDIANSHIP

- If you want to resign as guardian, or if someone else wants to be appointed in your place, you or they can file a **Petition to Terminate/Modify Guardianship** (PC 675 for GA/GL/GM/LG case types or PC 677 for DD case types)
 - The petition will be set for a hearing in front of the judge
 - A guardian ad litem will be appointed to talk to you and the petitioner and the ward/minor and report back to the court
 - Your authority continues until the judge enters an order terminating your authority

CONTACT INFO FOR HELP

- Email info@wcpc.us or visit our website www.wcpc.us
- Wayne County Probate Bar Association lawyer referral service
 - Call 1-800-357-7090 (first consultation is free)
- Michigan Legal Help website
 - www.michiganlegalhelp.org