

MACOMB COUNTY PROBATE COURT
INSTRUCTIONS FOR ADULT GUARDIANSHIP REVIEWS

(Revised 11/17)

1. Review the applicable statuses and court rules. It is requested that your report be computer generated and the font size used is no smaller than "10" or neatly printed on the form provided.
2. It is suggested that you mail a copy of your Order of Appointment to the guardian so they may be anticipating a call from you. Visit (OR ATTEMPT TO VISIT) the ward at his/her usual place of residence. If for some reason you are unable to visit or contact the guardian/ward, **please send a letter to the Court Administrator, Mr. John Brennan.**
3. If the ward is deceased, note this on our Order of Appointment and return the Order to the Court. No billing is permitted in this situation.
4. If the ward is located within the borders of Macomb, Wayne, Oakland or St. Clair counties, you must complete the review as appointed. If it is determined that the ward is located outside this area, please **return the appointment to the Court** indicating the location of the ward and you will be discharged from this appointment.
5. Make an independent determination of the ward's ability or lack of ability to make informed decisions to personal care, etc. Determine whether there is a continuing need for the guardianship, whether it should be modified, or whether it should be terminated.
6. In all cases, you must complete the financial review sheet. If the Court is to pay the fee for your review, return the invoice enclosed with these instructions. If the ward has funds to pay the invoice, a copy of your invoice to the guardian/ward should be included with your review. Use the following guideline to determine who should pay the invoice.

IF THE WARD RECEIVES ONLY SOCIAL SECURITY AND/OR A MINIMAL PENSION AND HAS LESS THAN \$5,000.00 IN AN ACCOUNT, THE INVOICE SHOULD BE ADDRESSED AND SENT TO MACOMB COUNTY. THE MAXIMUM AMOUNT BILLABLE FOR THE REVIEW IS \$100.00.

7. Complete and file with the Court your original, signed report on or before the due date. A copy of the report must also be mailed to the guardian. **FAXED COPIES OF REPORTS ARE NOT ACCEPTED.**
8. Mail the completed report, financial review and invoice to:

Macomb County Probate Court
Attn: JOHN BRENNAN
40 North Main St. 5th Floor
Mt. Clemens, MI 48043

9. The public will perceive you as a representative of the Court and as always you should conduct yourself in a courteous and professional manner. To monitor the effectiveness of this program, the Court is randomly surveying guardian(s) regarding the review.

STATE OF MICHIGAN PROBATE COURT COUNTY OF MACOMB	REPORT ON REVIEW OF GUARDIANSHIP OF LEGALLY INCAPACITATED INDIVIDUAL	FILE NO.
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In the matter of _____, a legally incapacitated individual

1. I have reviewed this guardianship.

2. I visited the individual on _____ at _____.
Date Location Telephone

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

4. I report to the court as follows: (Check if applicable)

A. Does ward live: ___Independently ___Home with Caretaker ___Foster Care ___Long Term Facility

Other: _____

B. Is ward able to: ___Communicate ___Feed Self ___Dress Self ___Ambulate ___Participate in Activities

C. Does ward appear: ___Clean ___Groomed ___Tidy ___Other: _____

D. Is ward's condition: ___Improving ___Stable ___Deteriorating

E. Is ward visited by: ___Guardian ___Family ___Friends ___Clergy ___Other: _____

F. Ward is oriented to: ___Day ___Time ___Place

G. Does ward wish to continue guardianship? ___Yes ___No ___Ward unable to communicate opinion

H. Is the guardian accessible and/or responsive to the needs of ward? ___Yes ___No

I. Guardian's current address and telephone number: _____ Co-Guardian _____

J. Ward's current address and telephone number: _____

5. I recommend: ___the guardianship be continued.

___this matter be set for hearing and an attorney be appointed for the legally incapacitated individual.

(PLEASE SEE NEXT PAGE)

Do not write below this line – For court use only

6. Please note your observations of the ward's surroundings: _____

7. Please comment on any concerns you may have: _____

8. Date you spoke to guardian: _____

9. What is the guardian's opinion regarding the care the ward is receiving? _____

10. Does the guardian believe the guardianship remains necessary? Yes No

11. Is the guardian willing to continue to act as guardian? Yes No

12. Additional comments: _____

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

Do not write below this line - For court use only

MCPC
File # _____

MACOMB COUNTY PROBATE COURT
FINANCIAL REVIEW

Name: _____

**** DO NOT INCLUDE ACCOUNT NUMBERS FOR ANY INCOME/ASSETS REPORTED ****

INCOME:

SOURCE	AMOUNT
1.	
2.	
3.	
4.	

ASSETS:

BANK ACCOUNTS	INSTITUTION	TYPE OF ACCOUNT	BALANCE
1.			
2.			
3.			
4.			

REAL PROPERTY ADDRESS	SEV
1.	
2.	
3.	

STOCKS (individual/brokerage acct.)	MARKET VALUE
1.	
2.	
3.	
4.	

TRUSTS: (List any trusts where ward is a beneficiary)

TRUST NAME	TRUSTEE
1.	
2.	
3.	

LIFE INSURANCE POLICIES

COMPANY	TYPE OF POLICY	CASH SURRENDER VALUE (Y/N)
1.		
2.		

IRA's, 401K's, ETC.:

CUSTODIAN	VALUE
1.	
2.	
3.	
4.	

Date: _____

INTERVIEWER: _____

PROBATE FILE # _____

**MACOMB COUNTY PROBATE COURT
INVOICE**

In Matter of: _____

MACOMB PROBATE COURT FILE NUMBER: _____

Attorney Name

Phone #

Address

Vendor #

City, State, Zip

Date of Service

TYPE OF SERVICE RENDERED

- EMERGENCY GAL (FEE PER SCHEDULE \$225.00)
- GUARDIAN AD LITEM (FEE PER SCHEDULE \$200.00)
- ATTORNEY (FEE PER SCHEDULED \$225.00)
- GUARDIANSHIP REVIEW (FEE PER COURT POLICY \$100.00)

**THIS INVOICE IS TO BE SUBMITTED ONLY WHEN THE FEE IS PAYABLE
BY THE PROBATE COURT.**

**IF THE FEE IS TO BE PAID BY THE ESTATE, A COPY OF YOUR BILLING
MUST BE SUBMITTED TO THE COURT.**