

Sample

STATE OF MICHIGAN

JUDICIAL DISTRICT  
JUDICIAL CIRCUIT

INTERIM REVIEW REPORT BY GUARDIAN

CASE NO.

24-001234-GM

MONTMORENCY COUNTY PROBATE

Reports due: 2/15/2025

Court address

12265 M 32, PO Box 789, Atlanta, MI 49709

Court telephone no.

989-785-8064

In the matter of Anna Marie Smith, ward. Current age of Individual: 7

Ward's address 111 S. Street, Atlanta, Mi. 49709

and contact number: 989-555-5555, email bettysmith@gmail.com

Last hearing date: 1/23/2025 Report Range: 9/19/2024 – 1/23/2025

1. I am the:  Guardian / Limited Guardian of  Adult  Minor Child  
 Plenary / Partial Guardian of the person

2. How do you rate the individuals current living arrangement  Excellent  Average  Below Average  
Explain Anna Marie enjoys living with us and my children (her cousins). She loves her new school and is thriving.

3. I believe the individual is  content with the living situation.  unhappy with the living situation.  
Explain Anna Marie has her own room and enjoys the large back yard for playtime.

4. Since the last hearing, has the individual visited their doctor, dentist, eye doctor, or counselor?  
 Yes (Please attach office visit notes)  No

5. What social activities has the individual participated in?  
Explain Anna Marie has join a brownie troupe and attends Sunday school.

6. What interaction has the individual had with parents or other family members?  
Explain Anna Marie speaks to her mom weekly and her father once per month. She also has stayed 2 weekends with her grandparents in Bay City.

7. Explain any unmet needs for the individual:  
All of her needs are met at this time.

8. Dates and times of visits during this period:

9/29/24,  
Visitation with dad by phone (10/2/24, 11/5/24, 12/25/24, 1/5/25)  
Visitation by phone with mom (every Wednesday @ 6pm after dinner.)

9. Provide any additional information regarding the individual below:

Anna is very happy. She is excited for the holidays and new friends.

10. I have served a copy of the report as follows:

By ordinary mail to:

NAME	ADDRESS	DATE
Kenneth Radakovich	1310 South 22nd St., Escanaba, MI 49829	4/10/25
Den Smith	(father) 222 Main St. Atlanta, MI 49709	"
Erica Anderson	(mom) 1234 S. Center, Alpena, MI 49707	"

By personal service on:

\*serve child if over the age of 14 years old

NAME	ADDRESS OR PLACE OF SERVICE	DATE	TIME

4/10/2025

Date

Betty Smith

Signature of Guardian

Betty Smith

Name (type or print)

Date

Signature of Guardian

Name (type or print)

**Office Use Only - Make sure all pages are received and legible.**

Provide by :

\_\_\_ Medical Narrative from Primary Physician \_\_\_ Pages

\_\_\_ Attendance Record \_\_\_ Pages

\_\_\_ Other: \_\_\_\_\_, \_\_\_ Pages

\_\_\_ Other: \_\_\_\_\_, \_\_\_ Pages

\_\_\_ Counseling Notes \_\_\_ Pages

\_\_\_ Report Cards \_\_\_ Pages

Clerk initial \_\_\_\_\_ date \_\_\_\_\_