

STATE OF MICHIGAN		FILE NO.				
PROBATE COURT	PROOF OF SERVICE	25-001234-6M				
COUNTY OF Montmorency	TROOF OF BERVIOE	000000				
In the matter of	unna Mari Smith					
Titles of the papers served or maile	ed: annual report, annual p	shysical dental report				
10. 1		crien				
report cards, eye exam, and this proof of service.						
[ May have other rejorts it available)						
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	M1 49739 Date 3/15/25				
Kenyugyi Mauroyi	1010 Di DONOUT, ESCUPANA,	111 99001 2115 125				
Jessica Smith	1234 S. SideSt. RayCity, MI	19999 3/15/25				
Grea Smith	9876 N. Side St. Romutus, M.	49888 315/25				
Minor Child	d (if more 14 me old)					
William Child	CH DOWN 19 grs. Dias					
✓ 3. According to court rule, I served	by personal service the papers described above	on:				
Name	Complete address of service	Date and Time				
Montmorency Hometo	12265 m22 Otlanta MI 497	9 3/15/25				
Thomas and the second	10000 1115011 001001011 1111 1110					
	I have been unable to find and serve the following i	nterested persons. I have served these				
persons by publication. Attache	ed are copies of form PC 617.					
1						
I declare under the populties of perium	y that this proof of service has been examined by me	and that its contents are true to the hest				
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.						
	21/2/2/2/					
Service fee Miles traveled Fee	3/15/2025					
\$  \$	Date	ada m				
Incorrect address fee Miles traveled Fee	TOTAL FEE Signature					
\$	\$ \$ 0.00 Signature And OKKO					
	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.						
Note-Serve minor children over the age of 14.						

Sample

## STATE OF MICHIGAN PROBATE COURT

COUNTY

Montmorency

## ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR

CASE NO. and JUDGE

25-001234-GM

Hon. Lora E. Greene, P43911

		110111 20111 21 0110111, 0 111 1
Court address 12265 M32, PO Box 789, Atlanta, MI 49	2709 email: probate@montcounty.org - fax: 98	Court telephone no. 989-785-8065 989-785-8064
In the matter of First, middle, and last name of	minor	
the ward, if 14 years of age or older, and all inte	y the guardian, or more often if directed by the court. The gerested persons, including the appropriate Indian tribe, if a ervice (form PC 564), and file it and this report with the cou	ny, as required by MCR 5.105 and MCR 5.125.
1. I, Name (type or print)  annual report for the period Date	, am the guardian	of the above named minor and my
annual report for the period Date	$\frac{2113034}{2}$ to $\frac{1/31/34}{2}$	is as follows: ort due 51e days after ni versary date
2. Present age of the minor:	- ah	niversary date)
<ul> <li>3. Living Arrangement</li> <li>a. The current address and telepho</li> <li>b. The minor's residence is:</li> <li>guardian's home</li> </ul>	one number of the minor are: 12275  Check here if this tive's home:	m32, atlauta, Mich. 4970 s is a new address ner:
c. The minor has been in the presentate the changes and the reason $\mathcal{V}$		If moved within the past year,
d. I rate the minor's living arranger	ment as excellent. average.	below average.
e. I believe the minor is 🔻 cor	ntent with the living situation. $\ \square$ unhappy w	vith the living situation.
f. I recommend a more suitable	e living arrangement for the minor as follows: _	
<ul> <li>4. Physical Health</li> <li>a. The minor's current physical co</li> <li>b. During the past year the minor's remained about the same.</li> <li>improved.</li> <li>Explain</li> </ul>		fair.   poor.
worsened. Explain	·	
Date Ailm	received the following medical treatment (included nent Type of Treatment  Must physical, lytactor	de check-ups, optical, and dental work):  Doctor's Name  Veport, and

Approved, SCAO Form PC 654, Rev. 6/23 MCL 700.5215(f), MCR 5.409(A) Page 1 of 3

Annual Report of Guardian on Condition of Minor (6/23) Page 2 of 3	Case No. <u>25-001234-GM</u>
5. Education  ☑ a. The minor regularly attends school at  and is in grade  □ b. The minor attends alternative education at	Elementary School
6. Activities of Minor a. The minor's social activities (including sports) are:	
b. During the past year the minor has been in counseling with at  at  c. During the past year the minor received in-patient services at _	. ///
7. Parenting time between the minor and parents was as follows:  a. Parent's name and current address:   Parenting time:   Description Smith and factoring time:   Parent's name and current address:   Grey Smith -   Parenting time:   Parenting time:   C. Comments about parenting time:   We are the minor and parents was as follows:   Tessica Smith and factoring time:   On the parents was as follows:   And Factoring time:   We are the minor and parents was as follows:   And Factoring time:   Description Smith and factoring time:   We are the minor and parents was as follows:   Description Smith and factoring time:   Description Smith and fac	etime every evening, 9874 N. Side St., Romulus, MI none calls on ce per month.
8. Parents complied with the court-structured plan lim  Changes should be made to the plan as follows:	ited guardianship placement plan as follows:

This area is usually not completed. It must be completed in order for the court to accept the report.

Annual Report of Guardian on Condition of Minor Page 3 of 3	(6/23)		Case No. 25-001234-GM
9. The guardianship should,	should not be con	tinued because:	the parents
Our not ready -	to care hor	anna.	
3	U		
10. I am am not willing NOTE: If you no longer wish to serve,	to continue to serve as you must file a Petitio		dify Guardianship (PC 675).
11. As guardian, I have been ordered be	by the court to file an a	nnual account, whi	ch is attached.
3/15/2025	_		
Manu anduson	Da	ite	
Signature of guardian M32		gnature of co-guardian	(if applicable)
Address Willeta, MI 4929	484-555-5555	ddress	
City, state, zip	Telephone no. Ci	ty, state, zip	Telephone no

☐ Check here if this is a new address

☐ Check here if this is a new address