

**Oakland County Probate Court**  
1200 N. Telegraph Rd., Dept 457  
Pontiac, MI 48341  
Tel. 248-858-0260 Fax 248-452-2016  
[www.oakgov.com/probate](http://www.oakgov.com/probate) (for information and forms)

**REPORT TO ACCOMPANY PETITION TO  
APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL  
WITH DEVELOPMENTAL DISABILITY**

**THESE INSTRUCTIONS WILL HELP YOU COMPLETE AND FILE:**

***Report to Accompany Petition to Appoint, Modify or Discharge Guardian of Individual with Developmental Disability, PC 659 dated 3/00***

- This form must be filed with the Petition for Appointment of Guardian of an Individual with a Developmental Disability. It is basically a cover sheet with attached evaluations.
- The Report and evaluations must be legibly typewritten or printed in ink in the English Language.
- You must obtain the required evaluations prior to filing the Report to Accompany Petition to Appoint. If you do not have someone qualified to do these evaluations (such as a family physician), the court can provide you with a list of qualified psychologists. You will be expected to pay for the evaluations unless the court orders otherwise.
- In the upper left-hand corner under State of Michigan write “Oakland” as the County.
- On the line “In the matter of,” list the first and last name of the individual with an alleged developmental disability (middle name is optional).
- On Line 1, enter your name.
- On Line 2, list the nature and type of the individual’s developmental disability.
- Line 3 indicates that you must attach the evaluations and provide a summary of them on this chart including: the evaluator’s name and title and the date the evaluation was performed. All evaluations must be dated within the one year period previous to filing with the court. At least one of the evaluations must be completed by a physician or psychologist who by training and experience is competent in evaluating individuals with developmental disabilities and who must testify at the hearing. Evaluations must be signed but original signatures are not required.
  - Mental assessments (aka psychological) must be completed by a psychologist or physician (including psychiatrists).
  - Physical assessments may be completed by a qualified professional.
  - Social assessments may be completed by a social worker, psychologist, or qualified professional.
  - Educational assessments may be completed by a qualified professional.
  - Adaptive behavior assessments may be completed by a social worker, psychologist, or qualified person with knowledge.
  - Social skills assessments may be completed by a social worker, psychologist, or qualified professional with knowledge.
- Line 4 indicates that a list of medications should be attached. This may be a part of the physician’s evaluation. The list must include any psychotropic medication, any other

medication that the individual is receiving on a continuous basis, the dosage, and a description of the impact on the individual's mental, physical and educational condition, adaptive behavior, and social skills.

- On Line 5, check the second box if you are seeking a guardianship and list the reasons.
- On Line 6, enter an explanation about the type and scope of services.
- On Line 7, list your recommendations and the reasons for any rehabilitation plan.
- On Line 8, list your recommendations and the reasons for the proposed living arrangements. Check the box and name the facility if there is a request to place the individual in a facility.
- The person who prepared the report must provide their signature, a complete address, and telephone number. The signature must be an original. If an attorney or other individual assisted in the completion of this petition, their signature, address, and telephone number must be listed.
- ***See separate Instructions for Completing Petition for Appointment of Guardian of an Individual with a Developmental Disability***