

**MACOMB COUNTY PROBATE COURT  
WILLS & ESTATES DIVISION**

**INSTRUCTIONS FOR GUARDIAN AD LITEM REPORTS**

1. Review the applicable statutes and court rules. Establish the whereabouts of the ward. If it is determined that the ward is residing outside of Macomb County, please contact the court prior to taking any action. If you will not be able to timely complete the visit and report (submitted 7 days prior to hearing date), please notify the court immediately.
2. If the ward is deceased or the petitioner indicates the petition is dismissed, note this on your order of appointment and return the order to the Court. No billing is permitted in these situations.
3. Complete and file with the court an **original SIGNED report** for each guardianship and conservatorship file (using the forms supplied with your appointment) at least **SEVEN DAYS PRIOR TO THE HEARING DATE**. It is requested that your report be computer generated and that the font size used is no smaller than "10". **FACSIMILE FILINGS ARE NOT ACCEPTED.**
4. You are expected to visit the ward. The GAL must (1) visit the proposed ward, (2) explain the nature, purpose and legal effects of the appointment of a guardian/conservator as well as his or her rights at the hearing, (3) inform the proposed ward of the name of the person(s) seeking the appointment as guardian, and (4) submit a report to the court.
5. **Regardless of whether it is a guardianship or a conservatorship, obtain INFORMATION REGARDING THE ASSETS OF THE WARD AND THE EXISTENCE OF ANY ESTATE PLANNING DOCUMENTS AND INCLUDE SAME IN YOUR REPORT. It is necessary for you to file your report even if the matter is contested.** It is NOT NECESSARY for you to appear on the hearing date unless the Judge or counsel request you to be present.
6. An appropriate investigation and written report(s) to the court is contemplated to take 1.0 to 2.0 hours, exclusive of travel time. It is anticipated that **fees will not exceed \$175.00 per ward, not per file**, however extenuating circumstances may result in higher fees which may be billed **upon prior court approval.**
8. **In all cases, you must complete the financial review and invoice enclosed with these instructions. 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 IN AN ACCOUNT, THE INVOICE SHOULD BE ADDRESSED AND SENT TO MACOMB COUNTY.** The county will pay a maximum of \$150.00.
7. A copy of your billing **MUST** accompany the GAL Report filed with the court. **Your report will not be accepted without the billing copy.**
8. You are a representative of the court and should present yourself and conduct yourself in a courteous and professional manner.
9. If you are appointed GAL for a settlement involving a minor, you will receive additional instructions by separate cover.

# MACOMB COUNTY PROBATE COURT INSTRUCTIONS FOR ADULT GUARDIAN REVIEWS

(REVISED 08/13)

1. Review the applicable statutes and court rules. It is requested that your report be computer generated and the font size used is no smaller than "10".
2. It is suggested that you mail a copy of your Order Appointing 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.**
3. If the ward is deceased, note this on your 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 to 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. Complete and file with the court your original, signed report on or before the due date. You should use the enclosed Report on Review of Guardianship revised on 6/13/13 for this purpose. A copy of the report must also be mailed to the guardian. **FAXED COPIES OF REPORTS ARE NOT ACCEPTED.**
7. **In all cases, you must complete the financial review and invoice enclosed with these instructions. 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 IN AN ACCOUNT, THE INVOICE SHOULD BE ADDRESSED AND SENT TO MACOMB COUNTY.**

8. Mail the completed report, financial review and invoice to:

Macomb County Probate Court  
ATTN: Sandy Wolny  
21850 Dunham Road  
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.

**YOUR REPORTS ARE DUE NO LATER THAN:**





# MACOMB COUNTY PROBATE COURT INVOICE

IN THE MATTER OF \_\_\_\_\_

MACOMB PROBATE COURT FILE NUMBER \_\_\_\_\_

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Vendor #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

## TYPE OF SERVICE RENDERED

\_\_\_ GUARDIAN AD LITEM (FEE PER SCHEDULE \$150.00)

\_\_\_ ATTORNEY (FEE PER SCHEDULE \$175.00)

\_\_\_ GUARDIANSHIP REVIEW (FEE PER SCHEDULE \$100.00)

### INVOICE TO BE PAID BY:

\_\_\_ GUARDIAN/PETITIONER (If there are adequate funds, you must bill the conservator or guardian of the estate and forward a copy to the court.)

\_\_\_ PROBATE COURT (*Ward/potential ward receives Social Security and has less than \$5,000.00 in an account.*)

**ANY ADDITIONAL FEES FOR EXTRAORDINARY SERVICES MUST BE APPROVED BY THE COURT IN ADVANCE.**

Please return to: Macomb County Probate Court  
21850 Dunham Road  
Mt. Clemens, MI 48043  
Attn: Sandy Wolny  
(586) 469-5290

REPORT ON REVIEW OF GUARDIANSHIP  
OF LEGALLY INCAPACITATED INDIVIDUAL

FILE NO.

In the matter of \_\_\_\_\_, a legally incapacitated individual.

1. I have reviewed this guardianship.

\_\_\_ 2. I visited the individual on \_\_\_\_\_ at \_\_\_\_\_  
Date Location Telephone no.

\_\_\_ 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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone no.