

DEFICIENCIES IN GUARDIANSHIP/CONSERVATORSHIP ADMINISTRATION

Complete semiannually and transmit no later than 30 days following the report date.

Report date

June 30 _____ (year)

December 31 _____ (year)

Preparer's name	Preparer's telephone no.	County
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Line	CASE TYPE	CA	CY	DD	GA	GL	GM	LG
1	Active Cases							
2	Deficient Over 182 Days							

Line 1: For each case type, report the total number of open cases as of the report date.

Line 2: Of the cases reported in Line 1, report each case with a deficiency that existed for more than 182 days unless, before the report date, the deficiency was cured or a special or successor fiduciary was appointed. The day after a document was due, as prescribed by MCR 5.409, is the first day of a deficiency.

I certify that on this date I reviewed this report.

Date

Chief judge signature