

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 (for information and forms)

**REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN
OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY, PC 659**
These instructions will help you complete and file

- This form is basically a cover sheet to go along with the required evaluations and it must be filed with the Petition for Appointment of Guardian, Individual with Alleged Developmental Disability form PC 658.
- The Report and Evaluations must be legibly typewritten or printed in ink in the English Language.
- 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 as petitioner.
- On Line 2, list the nature and type of the individual's alleged developmental disability.
- Line 3 indicates you must attach the required evaluations and provide a summary on this chart. List the evaluator's name, title, and date the evaluation was performed (must be within the past year). 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. Evaluations must be signed, but original signatures are not required. If you do not have someone qualified to do the psychological evaluation, the court can provide you with a list of qualified psychologists. You may be expected to pay for the evaluations unless the court orders otherwise.
 - The Mental, Social, Adaptive Behavior, and Social Skills evaluations must be completed by a physician or psychologist.
 - The Physical evaluation shall be completed by a primary care doctor or other qualified professional.
 - The Educational evaluation (IEP) shall be completed by a qualified professional at the school. (This is required if the individual is 26 years or under and still in school).
- Line 4 indicates that a list of current medications must also be attached. This may be a part of the physician's evaluation or may be handwritten by the petitioner.
- On Line 5, check the second box if you are seeking a guardianship and list the reasons why it is needed.
- On Line 6, enter an explanation about the services you need to provide for the individual.
- 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. If you want to request that the individual be placed in a facility, check the box and name the facility.
- The person who prepared the Report to Accompany Petition must provide the date, their signature, a complete address, and telephone number.
- **See separate instructions for completing the Petition for Appointment of Guardian, Individual with Alleged Developmental Disability Form PC 658**