

Filing Fee \$187.00

# Filing a Petition to Appoint a Guardian for an Incapacitated Adult

Effective March 2016

## **REQUIREMENTS:**

1. Driver's license, social security number of person seeking guardianship or conservatorship of an incapacitated adult.
2. Full names, address, telephone numbers of:
  - a. Person seeking guardianship or conservatorship of incapacitated adult.
  - b. All interested parties (spouse, parent, children) if no one other heirs (sisters, brothers).
3. Full name, address, social security number of incapacitated person.
4. Case number of any other court actions involving family members of incapacitated person.
5. Full name, address, and telephone number of person/agency currently with care/custody (if any).

## Options You Should Know Before Filing a Petition for a Full Adult Guardianship

Sometimes adults need help taking care of themselves and making decisions. Michigan law allows a judge to appoint a “guardian” of an adult in certain situations where help is needed.

A court-appointed guardian can make decisions for the person who needs help. The judge will determine what decisions the guardian can make.

A guardian might be able to decide:

- where the person lives
- what medical care the person should receive
- who will care for the person every day

There are many things you should think about before you file a petition. If at all possible, the adult who needs help should talk to a lawyer to help figure out what is best for him or her.

There are options other than a full guardianship. Not all the options will work for everyone. Some of them will only work if the person is still able to make decisions. Some depend on what help the person may need. A few of these options other than a full guardianship are briefly described here.

### Conservator

A conservator is appointed by a judge to take care of another adult’s finances and assets. A conservator is not expected to use his or her own money to support the adult needing assistance. The court can also limit a conservator’s authority to certain kinds of decisions for the adult. The conservator:

- manages assets
- pays the bills
- makes general financial decisions for the person

### Durable Power of Attorney

An adult can choose to appoint someone to take care of his or her finances through a financial “durable power of attorney.” **The adult** must be of sound mind to sign this document. He or she can:

- limit when this document is effective
- limit what the appointed person can do

Because a durable power of attorney can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

### Health Care Power of Attorney

You will sometimes hear this called a “patient advocate designation” or a “durable power of attorney for health care.” It is a document an adult can sign that gives someone else the authority to make care decisions when he or she is not capable. Those decisions could be about:

- health care
- mental health treatment
- living arrangements

The adult can give the “agent” or “patient advocate” as much or as little authority as the person wants. This can include authority to withhold or withdraw life support services. **The adult** must be of sound mind to sign this document and must decide he or she wants it.

Because this document can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

**(See Second Page)**

## **Do Not Resuscitate Order**

If the adult is an inpatient at a hospital, his or her wishes regarding resuscitation should be discussed with his or her physician as soon as possible.

If the adult is not in a hospital, he or she can sign a document that will refuse CPR (cardiopulmonary resuscitation). This document is known as a “Do Not Resuscitate Order” or “DNR.” The adult must be of sound mind to sign this document.

## **Physician Orders for Scope of Treatment (POST) Form**

An adult can work with his or her attending health professional to complete a document that will specify types of medical treatment that are permissible. This document is called a physician orders for scope of treatment (POST) form.

A POST form contains medical orders that are jointly agreed to by the adult and the attending health professional or a patient representative and the attending health professional. A POST form is not intended to be used as a stand-alone advance health care directive. The adult must be of sound mind to sign the form. A POST form may be obtained through the Michigan Department of Health and Human Services.

## **Limited Guardian**

A limited guardian is appointed by a judge to make limited decisions in certain instances. For example, the judge may say that the guardian can only make decisions about living arrangements. A limited guardianship can give a person some independence while providing the specific help needed.

## **Filing a Petition for Full Adult Guardianship**

To ask that a guardian be appointed for an adult, a *Petition for Appointment of Guardian of Incapacitated Individual* (PC 625) must be filed with the court. A judge will appoint a guardian only if the condition of the adult fits specific requirements. The specific conditions that must be met are found in form PC 625, which is available at your local probate court or at [www.courts.mi.gov/formssearch](http://www.courts.mi.gov/formssearch).

# INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL"

Please type or print neatly using black or blue ink.

Items A through Q must be read and filled in (when required) before your petition can be filed with the court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- A** Enter the name of the individual who you believe needs a guardian.
- B** Enter the date of birth, race, and sex of the individual named in **A**. Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the address of the hospital.
- C** Enter your name in the first line and your relationship to the individual (or your interest) on the second line.
- D** Check this box if there is or has been a case in the family division of the circuit court involving the individual in **A**. Examples of a family division case are personal protection, abuse or neglect, or a name change. If you have checked this box, enter the name of the court, the case number of the action, the name of the judge assigned to that case. Then place a check in the box indicating whether that case is still pending or not.
- E** Enter the city, village, or township and county and state the individual is a resident of and the full home address and telephone number of the individual.
- F** Check the boxes that apply and provide the name(s) and address(es).
- G** If the individual has a patient advocate and you believe there is a problem, check only the boxes that apply.
- H** Check the boxes that you believe apply to the individual.
- I** **Explain in as much detail as possible** specific examples of the individual's conduct that lead you to believe he or she needs a guardian. Give specific examples of his or her conduct that supports what you checked in **H** and that demonstrate the need for a guardian. **This information is extremely important for the court in making a decision about the need to appoint a guardian.** Use additional sheets of paper if needed.
- J** Enter the name, address, and telephone number of the person or agency who currently has care and custody of the individual. If there is no one, leave blank.
- K** Check whether the individual is or is not entitled to receive Veterans Administration benefits. If you checked that the individual is entitled to benefits, enter his or her VA claimant number.
- L - M** Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. If any of the adults named in **L** are under legal incapacity, enter the names in **M**. If you check the last box in **L** (item 10), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- N** Enter the name, address, and telephone number of the person you want to be appointed as guardian of the individual. Enter the relationship, if any, that this person has to the individual. Check the box for either a full guardian or a limited guardian.
- O** Check the box if there is an emergency requiring the appointment of a temporary guardian before the hearing on this petition is held.
- P** Enter today's date, sign your name, and enter your address and telephone number.
- Q** If the individual wants to nominate someone to be his/her guardian, check the box and enter the name, address, and telephone number of the person the individual is nominating. The individual must sign and date the form.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>BERRIEN COUNTY</b>	<b>PETITION FOR</b> <b>APPOINTMENT OF GUARDIAN</b> <b>OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
---	---	---------------------------

<b>Court address</b> 811 Port St., St. Joseph, MI 49085	<b>Court telephone no.</b> (269) 983-7111
--	--

**A** In the matter of \_\_\_\_\_  
First, middle, and last name

Put last 4 digits of SSN in  
**XXX-XX-** Ref. No. row 2 on MC 97.  
Last four digits of SSN

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

<b>B</b>	Date of birth <small>Put DOB in Ref. No. row 1 on MC 97.</small>	Race	Sex	Address of alleged incapacitated individual where now found
----------	---	------	-----	---

**C** 1. I, \_\_\_\_\_, am interested in this  
Name (type or print)

matter and make this petition as \_\_\_\_\_.  
State interest/relationship

**D**  2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the person named above has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

**E** 3. The adult is a resident of \_\_\_\_\_, \_\_\_\_\_ State  
City, village, or township County

and has a home address and telephone number of \_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Telephone no.

The individual is a citizen of the following foreign country: \_\_\_\_\_.

**F** 4. The adult has  a patient advocate/power of attorney for health care. (Specify name and address below.)  
 a power of attorney. (Specify name and address below.)  
 a conservator. (Specify name and address below.)

\_\_\_\_\_  
Name and address

**G**  5.  The patient advocate designation was not executed in compliance with MCL 700.5506.  
 The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.  
 The patient advocate is not acting consistent with the ward's best interests.

**H** 6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of  
 mental illness.  mental deficiency.  physical illness or disability.  
 chronic intoxication.  chronic drug use.  \_\_\_\_\_.

**I** 7. Specific facts about the adult's recent condition or conduct that lead me to believe the adult needs a guardian are  
 (Attach a separate sheet if more space is needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J** 8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the adult are \_\_\_\_\_.

**K** 9. The adult  is  is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is \_\_\_\_\_.

- L** 10. The alleged incapacitated individual has
- a spouse whose name and address are listed below.
  - adult child(ren) whose name(s) and address(es) are listed below.
  - living parent(s) whose name(s) and address(es) are listed below.
  - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
  - none of the above (must notify Attorney General - see instructions for the address of the Attorney General).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER				
		Street address	City	State	Zip	Telephone No.
		Street address				
		City	State	Zip	Telephone No.	
		Street address				
		City	State	Zip	Telephone No.	
		Street address				
		City	State	Zip	Telephone No.	
	Nominated guardian	Street address				
		City	State	Zip	Telephone No.	

**M** 11. None of the adults named above is under any legal incapacity except \_\_\_\_\_.

Give name, legal incapacity, and representative of the person, if any

**N** 12. I REQUEST that the court determine the adult is an incapacitated individual and appoint

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City, state, zip Telephone No.

who has priority as \_\_\_\_\_,  full guardian with all powers provided by statute.  
Priority relationship  limited guardian with the following powers:

**O**  13. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

**P** \_\_\_\_\_  
Date Petitioner signature

\_\_\_\_\_  
Date Attorney signature

**Q**  14. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL**

In the event the court finds that I require a guardian, I nominate \_\_\_\_\_  
Name

\_\_\_\_\_  
Address, city, state, zip Telephone no.

\_\_\_\_\_  
Date Signature of alleged incapacitated individual

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	--------------------

Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after April 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on April 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.



<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
--	---	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after April 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on April 1, 2022. Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual completing form and date

<b>Ref. No.</b>	<b>Instructions:</b> Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other
<b>18</b>	Name	DOB	Other

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF BERRIEN**

**NOTICE OF RIGHTS  
TO ALLEGED INCAPACITATED  
INDIVIDUAL**

**FILE NO.**

**Court address** 811 Port St., St. Joseph, MI 49085

(269) 983-7111

**Court telephone no.**

**Notice that a Petition for a Guardian has been Filed:** A petition has been filed in this court asking that a guardian be appointed to help you make personal decisions for you that you now make for yourself.

- If a guardian is appointed for you, the guardian will make decisions for you, such as what medical care you receive and where you live.
- A guardian will be responsible to get services for you that will help you return to managing your own affairs as soon as possible.
- This notice states all of your rights as to this matter. A guardian ad litem may be appointed by the court to more fully explain these rights to you. A guardian ad litem will give you this notice and do the following.
  - The guardian ad litem must visit you in person.
  - The guardian ad litem must explain the nature, purpose, and legal effects of the appointment of a guardian.
  - The guardian ad litem must inform you that a guardian may have the power to execute a do-not-resuscitate order or physician orders for scope of treatment (POST) form on your behalf and to place a do-not-resuscitate identification bracelet on you unless you object. The guardian ad litem must also inform you that you may ask the court to review a do-not-resuscitate order or physician orders for scope of treatment (POST) form that has been executed on your behalf.
  - The guardian ad litem must explain your rights about the guardianship hearing.
  - The guardian ad litem must inform you that you can object to the petition, request limits on the guardian's powers, object to a particular person being appointed as your guardian, come to the hearing, and be represented by an attorney and, if you cannot afford an attorney, to have one appointed at public expense.

**You have certain rights before and at the court hearing on the petition to appoint a guardian for you.**

- You have the right to have the guardianship case started and conducted where you reside or are present, or if you have been admitted to an institution by a court, in the county in which that court is located.
- You have the right to file a petition on your own behalf to have a guardian appointed for you.
- You have the right to be represented by an attorney. If you cannot afford an attorney, you can ask the court to appoint one for you at public expense.
- You have the right to have a guardian ad litem appointed to represent you if you are not represented by an attorney.
- You have the right to get an independent evaluation of your condition at your own expense. If you cannot afford to pay for the evaluation, the court will approve reasonable costs at public expense.
- You have the right to be present at the hearing. If you wish to be present at the hearing, all practical steps must be taken to ensure your presence, including moving the site of the hearing.
- You have the right to see and hear all the evidence presented during the hearing.
- You have the right to present evidence and cross-examine witnesses at the hearing.
- You have the right to a trial by jury.
- You have the right to request that the hearing be closed to the public.
- You have the right to be personally visited by the guardian ad litem, if one is appointed.

**See other side for more rights**

- You have the right to be informed of the name of each person asking to become your guardian. If a guardian ad litem is appointed, you have the right to be informed of these names by the guardian ad litem.
- You have the right to be given written notice of the nature, purpose, and legal effects of the appointment of a guardian.
- You have the right to choose the guardian you would like the court to consider appointing, if that person is suitable and willing to serve.
- You have the right to have your incapacity and the need for a guardian proven by clear and convincing evidence.

**Rights When a Guardian is Appointed:** You have certain rights after a guardian is appointed.

- You have the right to object to the appointment of a successor guardian by will or other writing.
- You have the right to have the guardian's powers and the time period of the guardianship be limited to only the amount and time necessary.
- You have the right to have a guardianship that encourages the development of your maximum self-reliance and independence.
- You have the right to prevent a guardian from having powers that are already held by a valid patient advocate.
- You have the right to have a periodic review of your guardianship by the court. You have the right to a hearing and to have an attorney appointed if issues are discovered during the review.
- You have the right to send an informal letter to the judge asking that your guardianship be modified or ended.
- You have the right to have a hearing within 28 days of requesting a review, modification, or termination of your guardianship.
- If a petition to modify or terminate your guardianship is filed, you have the same rights as those on the petition to appoint a guardian, including appointment of a guardian ad litem.
- You have the right to get personal notice of a petition to appoint or remove a guardian.
- You have the right to consult with the guardian about major decisions affecting you, if meaningful conversation is possible.
- You have the right to be visited by your guardian at least once every three months.
- You have the right to have the guardian notify the court within 14 days of a change in your residence.
- You have the right to have the guardian secure services to restore you to the best possible state of mental and physical well-being so you can return at the earliest possible time to managing your own affairs.
- You have the right to have the guardian take reasonable care of your clothing, furniture, vehicles, and other personal effects.

**Contact the court if you have any questions.**

BERRIEN COUNTY PROBATE COURT/FAMILY COURT

File Name: \_\_\_\_\_

File Name: \_\_\_\_\_

**ADULT GUARDIANSHIP/CONSERVATOR**  
**RECORDS CHECK RELEASE**

Please be informed that the Berrien County Probate Court routinely completes guardian/conservator investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Protective Services Central Registry check/criminal/driving/history/prior bankruptcy check through LEIN or other services. Please provide the following information regarding the proposed guardian(s)/conservator(s). **PRINT CLEARLY. Attach photo identification (e.g. a copy of your driver's license)**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

MAIDEN NAME/ NAME  
PREVIOUSLY USED: \_\_\_\_\_

MAIDEN NAME/ NAME  
PREVIOUSLY USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

COMPLERE NAMES OF \_\_\_\_\_  
ALL OTHER CHILDREN \_\_\_\_\_  
AND ADULTS LIVING IN \_\_\_\_\_  
THE HOUSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLERE NAMES OF \_\_\_\_\_  
ALL OTHER CHILDREN \_\_\_\_\_  
AND ADULTS LIVING IN \_\_\_\_\_  
THE HOUSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Berrien County Pronate Court to request information about me/us from any human services agencies (e.g. Michigan Department of Human Services) as may be appropriate and I also authorize a criminal/driving history/prior bankruptcy check through LEIN or other services.

DUE DATE: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed guardian(s)/conservator(s)

\_\_\_\_\_  
Street address

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

COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of \_\_\_\_\_  
First, middle, and last name

**TAKE NOTICE:** A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ ,  
Date Time

at \_\_\_\_\_ before Judge \_\_\_\_\_  
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

\_\_\_\_\_ Date

\_\_\_\_\_  
Attorney name Bar no.

\_\_\_\_\_  
Petitioner name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

**USE NOTE TO COURT:** If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

**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.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
--	-------------------------	-----------------

In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

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	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
---	----------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility  
not to exceed 91 days

the following real estate or ownership interest in a business entity: \_\_\_\_\_  
Describe real property or business interest

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Attorney name (type or print) Bar no.

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 Attorney Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, state, zip Telephone no.

\_\_\_\_\_  
 City, state, zip Telephone no.

\_\_\_\_\_  
 Put DOB in row 10 on MC 97a.  
 Date of birth



<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
--	--	-----------------

In the matter of \_\_\_\_\_  
First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of incapacitated individual
-----------	---------------	------	-----	---

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to or waived by all interested persons.
3. The individual is not in need of a guardian.
4. Upon the presentation of clear and convincing evidence, the individual named above, by reason of
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> mental illness       | <input type="checkbox"/> mental deficiency              | <input type="checkbox"/> chronic use of drugs |
| <input type="checkbox"/> chronic intoxication | <input type="checkbox"/> physical illness or disability | <input type="checkbox"/> other: _____         |
- is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.
5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.
6. The individual is  partially  totally without the capacity to care for himself/herself.
7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.
8. Financial protection is required for the individual.

**IT IS ORDERED:**

9. The petition for appointment of guardian is  granted.  denied on the merits.  dismissed/withdrawn.
10. \_\_\_\_\_, whose address and telephone number are:

Address	City	State	Zip	Telephone no.
---------	------	-------	-----	---------------

is appointed guardian of the adult and shall qualify by filing an acceptance of appointment.

- a. The guardian shall have the following powers:
- full guardian with all authority and responsibilities granted and imposed by law.
- except as follows: \_\_\_\_\_
- limited guardian with only the following powers: \_\_\_\_\_
- \_\_\_\_\_
- In addition, the guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.
- b. Bond of \$ \_\_\_\_\_ must be filed.

11. The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.
12. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*

Do not write below this line - For court use only

13. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

14. The  attorney  guardian ad litem for the individual is discharged.

15. **IT IS FURTHER ORDERED:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

LETTERS OF GUARDIANSHIP

FILE NO.

In the matter of \_\_\_\_\_

TO:

1. You have been appointed  by will or other witnessed writing  by the court as \_\_\_\_\_  
guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

a. together with all authority and responsibilities granted and imposed by law.

b. except as follows:

c. as to the following powers and responsibilities only:

3. These letters of guardianship expire on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy probate register/clerk

**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.

Do not write below this line - For court use only

## NOTICE OF DUTY TO VISIT

**You are required** by law to visit the individual for whom you are guardian at least once every three months.

## NOTICE OF REPORTING DUTIES

**You are required** by law to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

**CHANGE IN PLACE OF RESIDENCE:** You are required to promptly inform the court of any change in the ward's residence within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

### **ANNUAL REPORT:**

Your annual report on condition of ward is due on \_\_\_\_\_ of each year. (Use form PC 634 or PC 654.)  
Date

In addition, you must serve the report on the ward and interested persons as specified in the Michigan Court Rules and file proof of service with the court.

**ACCOUNTS:** You must file with this court once a year, either on the anniversary date of your letters of authority or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

**ONGOING DUTY TO REPORT:** Pursuant to MCL 700.5319(2), if a conservator has not been appointed for the ward's estate and you determine that there is more cash or property that is readily convertible into cash in the ward's estate than was estimated by the guardian ad litem and reported to the court, you must report the amount of the additional cash or property to the court.

**DEATH OF WARD:** If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

**DELEGATION OF DUTIES:** You are required by law to notify the court when you delegate duties under a durable power of attorney.

**ATTENTION: The above provisions are reporting duties only and are not the only duties required of you.** These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

**KEEP THIS NOTICE FOR FUTURE REFERENCE**