

INSTRUCTIONS FOR COMPLETING “PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY”

Please type or print neatly using black or blue ink.

Items A through O 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 whom you believe needs a guardian.
- (B)** Enter your name, address, and telephone number in the first box.
- (C)** Enter the age of the individual on the first line, the name of the county the person resides in on the second line, and the name, address, and telephone number of the person, center or facility where the person is currently located. This address and telephone number may or may not be the home of the individual. Provide the date of birth and the last four digits of the individual's social security number on form MC 97.
- (D)** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.
- (E)** 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 a personal protection, abuse or neglect, adoption, name change, or divorce or support action. If the individual is under the age of 19 1/2, the individual may be the subject of a support order if the parents are divorced or a support order was entered. 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 the case. Place a check in the box indicating whether the case is still pending or not.
- (F)** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- (G)** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- (H)** Check the appropriate boxes under this item (not less than three).
- (I)** Indicate the specific nature and extent of the disability.
- (J)** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, the individual is unable to make decisions in all aspects of life, such as residential and medical decisions.
- (K)** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- (L)** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.

Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.

Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.

- (M)** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- (N)** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- (O)** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE
---	---	---------------------------

Court address _____ Court telephone no. _____

A In the matter of _____
First, middle, and last name

B Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
--	--

C 1. The individual named above, age _____, is a resident of _____, _____
County
 Michigan, and presently lives with/at _____ at
Name of person or center or facility

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Put DOB in box 1 on MC 97. _____ **XXX-XX-** Put SSN in box 2 on MC 97. _____
Date of birth Last four digits of SSN

The individual is a citizen of the following foreign country: _____

D 2. His/her presumptive heirs are as follows: (Attach additional page if needed.)

NAME	AGE	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.

E 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

F 4. I, _____, am interested in this matter and make this petition as
Name (type or print)

State your interest/relationship _____

G 5. A report and evaluation required by law accompanies does not accompany the petition.

H 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following:
1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments;
2) it was manifested before the individual was 22 years old;
3) it is likely to continue indefinitely; and
4) it results in substantial functional limitations in major life activities of
(A minimum of three of the following options must apply and be checked.)
 self-care, receptive and expressive language, learning,
 mobility, self-direction, capacity for independent living,
 economic self-sufficiency,
and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

I 7. The specific nature and extent of the disability is: _____

J 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

K 9. The estimated value of the individual's estate and income are:
Real estate: \$ _____ Personal property: \$ _____
Yearly income: \$ _____ Source of yearly income: _____

I REQUEST THAT:

10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

L 12. The court determine and appoint _____ of
Name

Address _____ City _____ State _____ Zip _____ Telephone no. _____

or appoint some other suitable individual or entity as

a. plenary (full) guardian of the individual estate
 b. partial guardian of the individual estate with the following powers: _____

The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

13. The court authorize the guardian to execute an application for admission to _____
Name of facility
_____ located at _____
Address

14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers because _____
Describe emergency situation

15. The court appoint _____ of _____
Name Address
_____ as standby guardian.
City State Zip Telephone no.

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.

Date

Petitioner's signature

Date

Attorney's signature

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NUMBER and JUDGE
--	---	------------------------------

Court address _____

Court telephone number _____

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

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). 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:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public 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 public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID number / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID number
4	Passport number
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 public documents.		
6	Financial institution	Account number	Paragraph number
7	Financial institution	Account number	Paragraph number
8	Financial institution	Account number	Paragraph number
9	Financial institution	Account number	Paragraph number

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
---	--	-----------------

In the matter of _____, an individual with an alleged developmental disability

1. I, _____, report to the court that:
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: _____

Type: _____

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

should be modified

5. Guardianship is needed for the following reason(s): _____

is not needed.

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

The guardian should be authorized to make application to place the individual in _____
Name or type of facility
_____ .

Date

Signature of person preparing report

Name of center or agency

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY	REPORT ON EXAMINATION AND CLINICAL CERTIFICATE	CASE NO. and JUDGE
--	---	--------------------

Court address

Court telephone no.

In the matter of _____
First, middle, and last name

REPORT

TO THE EXAMINER:

After an examination ordered by the court, you must either transmit a clinical certificate to the court or report that a clinical certificate is not warranted.

You must read the following statement to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and, if so, whether such treatment should take place in a hospital or through outpatient treatment. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a psychiatrist. licensed psychologist. physician.
 2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
 3. I further certify that I, _____, personally examined _____
Name (type or print) Patient
- at _____
Name and address where examination took place
- on _____ starting at _____ and continuing for _____ minutes.
Date Time

Additionally, I reviewed records. consulted with current treatment providers.

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

1. My determination is that the individual:
 - is not a person requiring treatment under the Mental Health Code and a clinical certificate is not warranted. (Proceed to item 3.)
 - is a person requiring treatment under the Mental Health Code and requires hospitalization pending the hearing.
 - is a person requiring treatment under the Mental Health Code and does not require hospitalization pending the hearing.
 - is a person requiring treatment under the Mental Health Code and has voluntarily accepted the recommended course of treatment. MCL 330.1406.

CLINICAL CERTIFICATE

2. I believe the individual has mental illness, specifically _____ and
State diagnoses
- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
Facts in support:

- b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

Facts in support:

- c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

Facts in support:

3. Additional information that underlies the conclusion that the individual _____ is _____ is not _____ a person requiring treatment:

- 4. (optional) I recommend: assisted outpatient treatment without hospitalization
 a combination of hospitalization and assisted outpatient treatment
 hospitalization only

as follows: _____

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this document has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Time of signing

Signature

Print or type name and business telephone no.



TESTIMONY OF INTERESTED PERSONS DEVELOPMENTALLY DISABLED

File No.

Court Address 212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No. (269) 657-8225

IN THE MATTER OF _____

1. What is your name and address? _____

2. How are you related to the subject of this proceeding, or how do you know his/her family? _____

3. Does the person have a spouse surviving? _____ If yes, name and address: _____

4. Did the person ever have any natural children (born in or out of wedlock) or any adopted children?

If yes, name(s) and address(es): _____

5. Did any of these children die leaving children? _____. If yes, give their name(s) and address(es) and the name(s) of their deceased parent and the relationship of their parent to the incapacitated person: _____

All names listed on testimony sheet must be listed on petition with addresses.

6. Were any of these children adopted by others? _____ If yes, list names: _____

7. Does the person have a father or mother surviving? _____ If yes, state name(s) and address(es): _____

8. Does the person have brothers or sisters, either natural or adopted, and either of the whole or half blood? _____

If yes, list name(s) and address(es) of those who survive: _____

9. Did any brothers and sisters die before the person leaving children, either natural or adopted, who survive? _____ If yes, give the name(s) and address(es) of these nephews and nieces, and the name(s) of their deceased parent: _____

10. Please list any additional relatives or friends that may be interested in this proceeding and their addresses: _____

11. Are any of the aforementioned persons minors? (Please list) _____

Date: _____

Signature of Witness (person completing form)



INITIAL FILE INFORMATION
Adult Guardianship & Conservatorship

File No. _____

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Proposed Ward: _____ Date of Birth: _____

Social Security No.: _____ Drivers License No.: _____

Address: _____

Marital Status: Single Married Widowed Separated

Does proposed ward have a will? Yes No If yes, what is the date & where is it located?

Does proposed ward have a medical patient advocate? Yes No If yes, name & address:

Does the proposed ward have a pre-paid funeral contract? Yes No If yes, name & address:

Does the proposed ward have a trust or is a beneficiary of a Trust? Yes No If yes, name & address:

Does proposed ward own real estate? Yes No Residence address: _____

Second home or rental property address _____

Income: Social Security _____ SSI _____ Pension _____

Investments _____ Other _____

Contact person (name, address, email address & phone number) _____

*Please provide copies with petition for guardianship and/or conservatorship

THIS INFORMATION IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC.



GUARDIAN / CONSERVATOR CRIMINAL HISTORY BACKGROUND CONSENT FORM

Court Address
212 E. Paw Paw Street, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8200

As a proposed guardian or conservator, I understand that it is the court's policy to secure criminal history information as a part of the appointment process. I hereby authorize the court to utilize the information given below for the sole purpose of obtaining a criminal history report on me.

Applicant's First Name		Middle Name		Last Name		Maiden / Alias Name	
Address				City		State	Zip
Phone Number		<input type="checkbox"/> Cell	Email Address			Date of Birth:	
Race	Sex		Social Security Number		Driver's License Number		State
	<input type="checkbox"/> M <input type="checkbox"/> F						
Height		Weight		Hair color		Eye Color	

(Attach a copy of the Driver's License)

Signature

Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	CONTACT INFORMATION <input type="checkbox"/> AMENDED	CASE NUMBER and JUDGE
--	---	------------------------------

Court address _____

Court telephone number _____

This form is confidential and not to be served on other parties in this case. Any contact information below that has already been provided or is provided in the future in a public court filing or through the MiFILE system will not be made confidential by this document.

Please provide the following contact information:

1. Your name: _____
First, middle, and last name

2. a. Telephone number where the court can contact me: _____
 This telephone: can cannot receive text messages from the court.
 can cannot receive voice messages from the court.

b. I do not have a telephone number where the court can contact me.

3. a. E-mail address where I can receive e-mails: _____

b. I do not have an e-mail address where I can receive e-mails from the court.

PLEASE READ AND UNDERSTAND THE FOLLOWING:
 Upon signing this form, you are consenting to text, e-mail, and/or phone notifications on your court case. If the case is NON-PUBLIC, it is NOT ELIGIBLE for text or phone notifications.

By signing this form, I authorize the _____ court to notify me of upcoming events in this case.
Name of court

I understand, based on the options chosen above that I will receive text, e-mail, and/or voice notifications to the phone number or e-mail address listed on this form. I also understand that the _____ court is not
Name of court

responsible for any additional fees or charges due to my phone carrier data rates.

In the event that my e-mail, or cell or land line phone number changes, I will notify the court to update their records, and if I fail to do so it will result in the termination of this service from the court.

Privacy Disclaimer: Your contact information is necessary to assist the court in providing important information in a timely manner. Your information will not be sold, distributed, or shared with any other entity. You can OPT-OUT of the system at any time. Simply reply OPTOUT to any received message.

 Date

 Signature

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF <input type="checkbox"/> APPOINTMENT <input type="checkbox"/> DESIGNATION	CASE NO. and JUDGE
---	--	---------------------------

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 have been designated standby guardian of the legally incapacitated individual.
- 3. I accept the appointment, designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- 4. For a period of _____ days from the date of my appointment, I exclude from the scope of my
not to exceed 91 days
responsibility 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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ADDENDUM TO 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 _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). 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:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public 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

Ref. No.	Instructions: 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 public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other



INTERESTED PERSONS – REPORTS AND ACCOUNTS

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Who Should receive the annual report of an incapacitated adult?	Who should receive the annual report for a minor guardianship?	Who should receive the inventory or account?
<ul style="list-style-type: none"> The Ward; The person who has principal care and custody of the ward. <i>This means the nursing home or adult foster care home if the ward is living in such a place;</i> and The spouse and adult children of the ward, if any. If no spouse or adult children of the ward, then the presumptive heirs* of the ward. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> The ward, if 14 years or older. The minor’s parents, If neither of the parents are living, any grandparents and adult presumptive heirs* of the minor. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> The protected individual (if 14 or older); The presumptive heirs* of the protected individual or ward; Claimants (i.e., anyone who has filed a claim against the protected individual’s estate). Guardian ad litem, and The personal representative, if any. <p style="text-align: right; margin-top: 10px;">MCR 5.125(C)(28)</p>

*WHO IS A PRESUMPTIVE HEIR?

1. If a person has a spouse, that **spouse** is a presumptive heir of the person;
2. If a person has children, those **children** are presumptive heirs of the person;
3. If the person has a child who passed away, and that child left children of his or her own, then those **grandchildren** of the person would be presumptive heirs of the person;
4. If the person has no children, grandchildren, or other descendants, then the person’s **parents** (or parent, if only one is living) are the person’s presumptive heirs;
5. If the person has no descendants and both parents are deceased, then the person’s **brothers and sisters** are the presumptive heirs;
6. If the person has no descendants and both parents are deceased, and the person had a brother or sister who passed away, and that brother or sister left children of his or her own, then those **nieces and nephews** of the person would be presumptive heirs.
7. If the person has no descendants, both parents are deceased, and there are no brothers or sisters or children of brothers and sisters, then **grandparents** of the person are presumptive heirs of the person (and if both grandparents are deceased, then any uncles or aunts, or children of the deceased uncles or aunts, would be presumptive heirs of the person);
8. If, or after following steps 1 through 7 above, you find no presumptive heirs, then the **State of Michigan** is the presumptive heir of the person.

Attorney General—State of Michigan
State Public Administrator
P.O. Box 30755, Lansing, MI 48909

This document is for informational purposes. It is not a substitute for legal advice. The Van Buren County Probate Court staff cannot give you legal advice and cannot tell you what to do. If you have legal questions, you should speak with an attorney.