



## GUARDIANSHIP OR CONSERVATORSHIP CHECKLIST

Court Address  
212 E. Paw Paw Street – Suite 240, Paw Paw, MI 49079

Court Telephone No.  
269-657-8225

Follow this checklist for:

- Petition for Appointment of Guardian of Incapacitated Individual PC 625
- Petition for Conservator and/or Protective Order PC 639

After you file your petition, the Court will appoint a guardian ad litem (an attorney) for the person listed in Item A of the petition.

**Your filing fee is not refundable. Please follow each step below.**

The Court will schedule a hearing for your petition. Before the hearing, the following forms must be filed with the Court:

1. Report of Physician or Mental Health Professional PC 630
2. Testimony of Interested Persons Alleged Incapacitated Individual VBC-4301
3. Initial File Information VBC-4300

**If you do not submit these forms, your hearing may be delayed, or your petition may be dismissed (filing fee is non-refundable). If you have questions, please call 269-657-8225 or email [probate@vanburencountymi.gov](mailto:probate@vanburencountymi.gov)**

## 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).

## WHAT YOU NEED TO KNOW BEFORE FILING A PETITION TO APPOINT A CONSERVATOR

### »» What is a conservator?

A conservator is a person appointed by a probate court and given power and responsibility for the estate (financial assets and property) of an adult (called a *protected individual*).

### »» What is a guardian?

A guardian is a person appointed by a probate court and given power and responsibility to make certain decisions about the care of another individual. These decisions might include treatment decisions or where the individual should live. If the individual has a reduced life expectancy due to advanced illness, the guardian may have the power to make an informed decision on behalf of the individual regarding receiving, continuing, discontinuing, or refusing medical treatment. A **full guardian** can make all decisions for the individual. A **limited guardian** can only make decisions for the individual that the court allows.

### »» When would a conservator be needed?

A conservator may be needed when the individual is unable to manage his or her property and financial affairs effectively because of certain reasons and:

- 1) he or she has property that will be wasted or used up unless proper management is provided; or
- 2) funds are needed for the support, care, and welfare of the adult and any of his or her dependents.

A mentally competent adult who, because of age or physical limitation, may voluntarily petition the

court himself or herself for the appointment of a conservator to assist in managing his/her estate.

Some of the reasons that might prevent the individual from being able to manage his or her property and financial affairs are:

- 1) mental illness or deficiency;
- 2) physical illness or disability;
- 3) chronic use of alcohol /other intoxicants;
- 4) confinement;
- 5) detention by a foreign power; or
- 6) disappearance.

### »» Is a conservator needed for an individual who cannot manage his or her property or financial affairs effectively?

A conservator might not be necessary if someone else already has legal authority (an individual with power of attorney, for example) to make decisions about the individual's estate and there are no problems with the decisions being made.

### »» How is a proceeding for a conservator started?

Any person who is interested in the individual's welfare may complete a Petition for Appointment of Conservator (form PC 639) and file it, along with the filing fee, with the probate court.

### »» Is a lawyer necessary?

No, but a lawyer can be helpful, especially if any interested person opposes the appointment of a conservator.

### »» Can mediation be used for disagreements about a conservator?

Certain disagreements about a request for a guardian may be mediated outside the court if all parties agree to attend mediation or if a judge order parties to attend mediation. The court clerk can tell you if

mediation services are available in your court.

### »» What happens when the court accepts the petition for filing?

After the petition is accepted for filing, the court will appoint a *guardian ad litem* to represent the individual in the court proceeding unless the individual has his or her own lawyer or unless a mentally competent adult voluntarily requests the appointment.

It is important for you to cooperate with the guardian ad litem. The guardian ad litem does not have the authority to make decisions for the individual. The individual may have to pay for the guardian ad litem.

If necessary, the court may also order the individual to be examined by a physician or a mental health professional. The court may also send someone (called a *visitor*) to interview the individual. The visitor may be the guardian ad litem or a court officer or court employee.

### »» Can the individual get a conservator immediately in an emergency?

If the court believes an individual's estate requires immediate protection before appointing a conservator, the court may issue a preliminary protective order. This order may involve the appointment of a special conservator. The order will authorize specific acts that provide for immediate protection of the individual's assets.

# INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF CONSERVATOR"

Please type or print neatly in black or blue ink. Items A through S 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 conservator. Provide the last four digits of his or her social security number on MC 97 as instructed.
- (B)** Enter your name in the first line. Enter your relationship to the individual (or your interest) in the second line.
- (C)** Enter the date the individual was born on form MC 97 as instructed, what county the individual is a resident of, the address of the place where the individual normally lives, and the county the individual's property is in.
- (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)** Check the boxes that apply and provide the name(s) and address(es). If the individual has a power of attorney and you have a copy of the document, make a copy for the court.
- (F)** Check the boxes that you believe apply to the individual.
- (G)** Explain in as much detail as possible the specific facts about the individual's conduct or condition that lead you to believe he or she needs a conservator. Give specific examples of his or her conduct that supports what you checked in **(F)** and that demonstrate the need for a conservator. This information is extremely important for the court in making a decision about the need to appoint a conservator. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, state the reasons why it is in the ward's best interest to do so.
- (H)** Specify the approximate value of any real property, personal property, insurance, and monthly income of the individual. An example of real property is a house. Examples of personal property are home furnishings, bank accounts, and checking accounts.
- (I)** Check whether the individual is currently receiving benefits from governmental agencies and the amount(s).
- (J)-(K)** 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 **(J)** are under legal incapacity, enter the names in **(K)**. If you check the last box in **(J)** (item 9), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- (L)** Enter the address and telephone number where the individual is currently located. This address and telephone number may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the name, address, and telephone number of the hospital.
- (M)** If there is an emergency that requires that a preliminary protective order be entered before the hearing, check the box and state the reason(s).
- (N)** Enter the name, address, and telephone number of the person you want to be appointed as conservator of the individual. Enter the relationship, if any, that this person has to the individual. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, leave this blank and complete **(Q)**.
- (O)** Check this box only if you checked **(M)**.
- (P)** Check this box if you want the individual's property protected but you do not want a conservator appointed.
- (Q)** Check this box if you want the guardian appointed special conservator to dispose of real property.
- (R)** Enter today's date and sign your name.
- (S)** If the individual wants to nominate someone to be the conservator, 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 PROBATE COURT COUNTY</b>	<b>PETITION FOR</b> <input type="checkbox"/> <b>APPOINTMENT OF CONSERVATOR</b> <input type="checkbox"/> <b>PROTECTIVE ORDER</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**A** In the matter of \_\_\_\_\_, Put last 4 digits of SSN in  
First, middle, and last name **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** 1. I, \_\_\_\_\_, am interested in this matter  
Name  
and make this petition as \_\_\_\_\_.

**C** 2. The individual was born \_\_\_\_\_, resides in \_\_\_\_\_ County  
State interest/relationship Put DOB in Ref. No. row 1 on MC 97.  
Date  
at \_\_\_\_\_  
Address

\_\_\_\_\_ and has property in \_\_\_\_\_ County.  
City, state, zip

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

**E** 4. The individual has  a power of attorney. (Specify name and address below.)  
 a guardian. (Specify name and address below.)  
 a representative payee for social security. (Specify name and address below.)

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

**F** 5.  a. The individual is an adult unable to manage his/her property and business affairs effectively because of  
 mental illness  chronic use of drugs  confinement  
 mental deficiency  chronic intoxication  disappearance  
 physical illness or disability  detention by a foreign power  \_\_\_\_\_  
and either  
 the adult has property that will be wasted or dissipated unless proper management is provided, or  
 the adult or his/her dependents are in need of money for support, care, and welfare, and protection is  
necessary to obtain or provide money.  
 b. The adult petitioner is mentally competent but because of age or physical infirmity is unable to manage his/her  
property and affairs effectively, and recognizing the disability, requests appointment of a conservator.

5. (continued)

- c. The individual is a minor who
  - owns money or property that requires management or protection that cannot otherwise be provided.
  - has or may have business affairs that may be jeopardized or prevented by minority.
  - needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- d. I am the guardian of the ward and it is in the ward's best interests to sell or otherwise dispose of the ward's real property or interest in real property.

**G** 6. The statements in item 5 are supported by the following facts: \_\_\_\_\_  
 (Attach a separate sheet if necessary.)

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**H** 7. The individual to be protected has an estate approximately valued at:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Real property Personal property Insurance Monthly income

**I** 8. The individual to be protected is receiving the following benefits from governmental agencies:

- Social Security \$ \_\_\_\_\_  SSI \$ \_\_\_\_\_  MDHHS \$ \_\_\_\_\_
- Veterans Administration \$ \_\_\_\_\_, claimant number \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**J** 9. The individual to be protected has

- a spouse whose name and address are listed below.
- child(ren) whose name(s) and address(es) are listed below.
- descendants of deceased child(ren) whose name(s) and address(es) are listed below.
- if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
- if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
- none of the above (must notify the Attorney General - see instructions for the address of the Attorney General).

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE (if minor)*
	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.		

\*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

**K** 10. None of the persons named above are under any legal incapacity except

\_\_\_\_\_  
Name, incapacity, and representative of the person, if any

**L** 11. The individual is currently found at \_\_\_\_\_  
Address or location Telephone no.

**M**  12. It is necessary that a preliminary protective order be entered pending the regular hearing because

\_\_\_\_\_

**I REQUEST** that the court:

**N**  13. Appoint \_\_\_\_\_,  
Name, address, and telephone no.

who has priority as \_\_\_\_\_, as conservator of the estate to be protected.  
Priority relationship

**O**  14. Preserve and apply the individual's property pending the appointment of a conservator as follows:

\_\_\_\_\_

**P**  15. Enter a protective order that provides \_\_\_\_\_.

**Q**  16. Appoint the guardian as special conservator with authority to sell or otherwise dispose of the ward's real property or interest in real property.

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.

**R** \_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

**S**  17. **NOMINATION BY PERSON TO BE PROTECTED:** I am 14 years of age or older. I nominate as my conservator

\_\_\_\_\_  
Name, address, and telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person to be protected

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

Plaintiff's/Petitioner's name	<b>v</b>	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 no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	<b>Instructions:</b> 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 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 PROBATE COURT COUNTY OF</b>	<b>REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, alleged incapacitated individual

1. I am a licensed  physician.  mental health professional. My speciality is \_\_\_\_\_  
if any

2. I last examined the individual on \_\_\_\_\_

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

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

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

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

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

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

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply
- |   |   |
|---|---|
| <input type="checkbox"/> determining where to live.         | <input type="checkbox"/> handling personal financial affairs.       |
| <input type="checkbox"/> consenting to supportive services. | <input type="checkbox"/> authorizing or refusing medical treatment. |

7. The prognosis for improvement in the individual's conditions is \_\_\_\_\_.

My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
City, state, zip

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

**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



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



TESTIMONY OF INTERESTED PERSONS ALLEGED INCAPACITATED INDIVIDUAL

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)



## GUARDIAN AD LITEM (GAL) IN GUARDIANSHIP OR CONSERVATORSHIP

Court Address

212 East Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.

(269) 657-8225

After you file a Petition for Appointment of Guardian or Conservator, and before the court hearing, the court will appoint a guardian ad litem (GAL) to interview the person who is the subject of the petition(s). The GAL will file a report with the court.

The GAL is an attorney from the community who has an interest in the welfare of other persons.

A guardian ad litem is different than the guardian and/or conservator the Court appoints after the court hearing. The GAL will serve until discharged by the court. The GAL's role is to make an independent evaluation and recommendation to the Court concerning the need for a guardian and/or conservator.

The fees for the expenses of the GAL are paid out of county and state funds; but if the assets are sufficient, the estate of the person who is subject of the petition will be billed.

If you have any questions please contact Probate Court at 269-657-8225 or [probate@vanburencountymi.gov](mailto:probate@vanburencountymi.gov).

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



**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.**

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

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	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

<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 public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public 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



# 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 <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		Driver's License Number		State
Height		Weight		Hair color		Eye Color	

(Attach a copy of the Driver's License)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date