

# Jackson County Probate Court

312 S. Jackson St.  
Jackson, MI 49201  
Phone: 517-788-4290  
Fax: 517-788-4291

## Instructions for Petition for Conservatorship of a Minor

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

### Acceptable Account Types

Funds that are subject to a minor conservatorship must be placed in a restricted account. The account must be an interest-bearing savings or money market account. Funds may NOT be placed in a checking account (even if it is interest bearing), a certificate of deposit, or any type of investment account. The law imposes this restriction to ensure the security of the minor's funds. If you have questions about the type of account you are planning to use, please contact our office at the number listed above.

### Fees

Filing Fee - \$175.00

Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

GAL Fee - \$175

The judge will determine who is responsible for this fee at the hearing.

Fees cannot be returned if your petition is denied.

### Guardian ad Litem

A Guardian ad Litem (GAL) is appointed on behalf of the individual who is subject to conservatorship. The GAL is an attorney, and it is his/her responsibility to visit the individual. While there, the GAL will explain to the individual the meaning of the present petition, the process, and the individual's rights. At the hearing, the GAL will report to the Court on whether a conservatorship continues to be appropriate. There is a \$175 fee (plus mileage if appropriate) for the GAL. At the hearing, the judge will determine who is responsible for paying this fee (this may include the County if no one involved can afford the fee).

## Forms

Below, you will find specific instructions for each form contained in the packet.

Petition for Appointment of Conservator (PC 639): Complete the entire form. If current contact information is unknown, you must make every effort to find a current mailing address for each parent. If the minor has no legal father, please indicate that in the name space for the father. A more detailed instruction sheet for this form follows the form in the packet. If you are requesting a preliminary protective order, please be as specific as you can about what emergency exists that requires the appointment of such an order. If you need additional space, you may attach an additional page. .

If the minor is 14 years old, or older, please have the minor complete item number 17 on the Petition.

Fiduciary Proof of Identity (optional): Complete this form with all requested information. The information required is the proposed conservator's information. You must attach to the form a clear photo copy of the proposed conservator's driver's license. This document is only used by the Court. It is not made available to the public.

Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.

Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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 \_\_\_\_\_  
 State interest/relationship

(C) 2. The individual was born \_\_\_\_\_, resides in \_\_\_\_\_ County  
 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.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

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

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

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

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

\_\_\_\_\_

I REQUEST that the court:

13. Appoint \_\_\_\_\_  
Name, address, and telephone no.  
who has priority as \_\_\_\_\_, as conservator of the estate to be protected.  
Priority relationship

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

\_\_\_\_\_

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

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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

## 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.
- 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, 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, sign your name, and enter your address and telephone number.
- 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.

# FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: \_\_\_\_\_ File No. \_\_\_\_\_

Full Name of Fiduciary \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

Home Address \_\_\_\_\_  Own  Rent \_\_\_\_\_  
Home Phone (including area code) \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Work Phone (including area code) \_\_\_\_\_

**YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE**

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

Employer Name \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Banking Institution \_\_\_\_\_ Address of Bank Branch \_\_\_\_\_

Banking Institution \_\_\_\_\_ Address of Bank Branch \_\_\_\_\_

Personal Reference:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone (including area code) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

**This document is for Court use only and will NOT be part of the public record.**

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.

_____	_____	_____	_____
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



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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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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.	Name	DOB	Other
10			
11			
12			
13			
14			
15			
16			
17			
18			

STATE OF MICHIGAN JUDICIAL DISTRICT JACKSON 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 \_\_\_\_\_

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.	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 no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.