

Jackson County Probate Court

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

Instructions for Petition to Terminate or Modify an Adult Conservatorship

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.

Please read all instructions before attempting to complete any paperwork contained in this packet, as you may not need to complete all of these forms in your particular case.

Fees

- Filing Fee - \$20.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
 - New letters will only be issued if you are seeking a modification and it is granted.
- GAL Fee - \$125
 - 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 \$125 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 to Terminate/Modify Conservatorship (PC 676): Complete the entire form. 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. .

1. Fiduciary Proof of Identity: This form is only necessary if you are seeking to change from one conservator to another.

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. Even if the proposed conservator is eligible for appointment, Letters of Authority will not be issued unless this form is filed with the Court. This document is only used by the Court. It is not made available to the public.

2. Report of Physician or Mental Health Professional (PC 630): This form is only necessary if you are seeking to terminate the conservatorship, or change the scope of the conservatorship (to add or subtract authority). It is NOT necessary if you are only seeking to replace one conservator with another.

This form must be completed by a physician or mental health professional. Do NOT fill out this form yourself. It is best to file this form when you file the petition, but it must be in no later than 5 days before your hearing. Please note that if you already have a medical report, this form must be used in addition to that report.

Mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disability and includes Michigan-licensed doctors, psychologists, registered nurses, physicians assistants, licensed professional counselors, and certified social workers. A social worker must be a licensed master's social worker to meet the mental health professional standard.

3. 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.
4. 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 TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY CONSERVATORSHIP <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

Petitioner's name, address, and telephone no.

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

1. I am interested in this estate as _____
State relationship/interest
2. The protected individual's address and telephone number are _____.
3. The protected individual has a conservator whose address is _____ and has
 - a spouse whose name and address are listed below.
 - child(ren) whose name(s) and address(es) are listed below.
 - descendants of deceased children 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*).

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.		

*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

- 5. Terminate the conservatorship.
- 6. Accept the conservator's resignation.
- 7. Remove the conservator who has has not been suspended.

8. Appoint _____
Name (type or print) Address

City State Zip Telephone no.
 as successor conservator.

9. Appoint _____
Name (type or print) Address

City State Zip Telephone no.
 as temporary conservator pending appointment of a successor.

10. Modify the powers of the conservator as follows: _____

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

NOMINATION BY MINOR:

I am 14 years of age or older. I nominate _____ as conservator, who lives
Name
 at _____
Address City State Zip

Date

Signature of minor

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.

JCPC Fiduciary Proof of Identity (1/14)

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF JACKSON	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My specialty is _____ if any

2. I last examined the individual on _____

3. Based on that examination and his/her 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 believed the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:
check all that apply
 determining where to live. handling personal financial affairs.
 consenting to supportive services. 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 may be attached on a separate sheet.

Date

Signature

Name (type or print)

Address

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

Approved, SCAO

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.	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.

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Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

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	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

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.

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