

# Jackson County Probate Court

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

## Instructions for Petitions for Guardianship and Conservatorship of a Legally Incapacitated Adult

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.

A guardian has authority over the well-being of an individual. This may include residential or medical decisions, among others. A conservator has authority over a person's finances. Use this packet if you are seeking both.

### Guardian ad Litem

A Guardian ad Litem (GAL) is appointed on behalf of the individual you are seeking guardianship and conservatorship over. 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 guardianship and conservatorship, the process, and the individual's rights. At the hearing, the GAL will report to the Court on whether a guardianship and/or conservatorship is 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).

### Fees

- Filing Fee - \$350.00 (\$175.00 for each petition)
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
  - Note that there will be separate letters of authority for the guardianship and conservatorship.
- 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.

## Forms

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

1. Petition for Appointment of Guardian of Incapacitated Individual (PC 625): Complete the entire form. If you are requesting a temporary guardian, please be as specific as you can about what emergency exists that requires the appointment of a temporary guardian. If you need additional space, you may attach an additional page. A more detailed instruction sheet for this form follows the form in the packet.
2. Options You Should Know Before Filing a Petition for a Full Adult Guardianship (PC 666): This informational packet is prepared by the State Court Administrator's Office. It contains frequently asked questions and answers about obtaining guardianship. You should read this packet carefully.
3. Petition for Appointment of Conservator (PC 639): 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. A more detailed instruction sheet for this form follows the form in the packet.
4. What You Need to Know Before Filing a Petition to Appoint a Conservator (PC 667): This informational packet is prepared by the State Court Administrator's Office. It contains frequently asked questions and answers about obtaining conservatorship. You should read this packet carefully.
5. Fiduciary Proof of Identity: Complete this form with all requested information. The information required is the proposed guardian/conservator's information. You must attach to the form a clear photo copy of the proposed guardian/conservator's driver's license. Even if the proposed guardian/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.

If you are requesting that different individuals serve as guardian and conservator, you will need to include a separate form for each individual.

6. Report of Physician or Mental Health Professional (PC 630): 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.

7. 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.
8. Notice of Rights to Alleged Incapacitated Individual (PC 625): This form must be provided to the individual you are seeking guardianship and conservatorship over.
9. 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.

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

Please type or print neatly using black or blue ink.

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

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

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE
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Court address 312 S. JACKSON STREET JACKSON, MI 49201	Court telephone no.
--	---------------------

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

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

Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
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<b>B</b> Date of birth Put DOB in Ref. No. row 1 on MC 97.	Race	Sex	Address of alleged incapacitated individual where now found
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**C** 1. I, \_\_\_\_\_, am interested in this matter  
 Name (type or print)

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

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

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

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

City	State	Zip	Telephone no.
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The individual is a citizen of the following foreign country:

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

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

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

**H** 6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of

<input type="checkbox"/> mental illness.	<input type="checkbox"/> mental deficiency.	<input type="checkbox"/> physical illness or disability.
<input type="checkbox"/> chronic intoxication.	<input type="checkbox"/> chronic drug use.	<input type="checkbox"/> _____.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**L** 10. The alleged incapacitated individual has

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

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

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

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

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

\_\_\_\_\_  
Name

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

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

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

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

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

**P** \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
Date

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

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

Please type or print neatly using black or blue ink.

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

- A** Enter the name of the individual who you believe needs a guardian.
- B** Enter the date of birth of the individual named in **A** in Ref. No. row 1 on the form MC 97, then fill in the race, and sex of the individual. Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the address of the hospital.
- C** Enter your name in the first line and your relationship to the individual (or your interest) on the second line.
- D** Check this box if there is or has been a case in the family division of the circuit court involving the individual in **A**. Examples of a family division case are personal protection, abuse or neglect, or a name change. If you have checked this box, enter the name of the court, the case number of the action, the name of the judge assigned to that case. Then place a check in the box indicating whether that case is still pending or not.
- E** Enter the city, village, or township and county and state the individual is a resident of and the full home address and telephone number of the individual.
- F** Check the boxes that apply and provide the name(s) and address(es).
- G** If the individual has a patient advocate and you believe there is a problem, check only the boxes that apply.
- H** Check the boxes that you believe apply to the individual.
- I** **Explain in as much detail as possible** specific examples of the individual's conduct that lead you to believe he or she needs a guardian. Give specific examples of his or her conduct that supports what you checked in **H** and that demonstrate the need for a guardian. **This information is extremely important for the court in making a decision about the need to appoint a guardian.** Use additional sheets of paper if needed.
- J** Enter the name, address, and telephone number of the person or agency who currently has care and custody of the individual. If there is no one, leave blank.
- K** Check whether the individual is or is not entitled to receive Veterans Administration benefits. If you checked that the individual is entitled to benefits, enter his or her VA claimant number.
- L - M** Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. Presumptive heirs includes minor children, if any. If any of the adults named in **L** are under legal incapacity, enter the names in **M**. If you check the last box in **L** (item 10), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- N** Enter the name, address, and telephone number of the person you want to be appointed as guardian of the individual. Enter the relationship, if any, that this person has to the individual. Check the box for either a full guardian or a limited guardian.
- O** Check the box if there is an emergency requiring the appointment of a temporary guardian before the hearing on this petition is held.
- P** Enter today's date and sign your name.
- Q** If the individual wants to nominate someone to be his/her guardian, check the box and enter the name, address, and telephone number of the person the individual is nominating. The individual must sign and date the form.



## 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 here 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 the 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 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).

STATE OF MICHIGAN JACKSON PROBATE COURT COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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Court address: 312 S. JACKSON STREET JACKSON, MI 49201  
 Court telephone no.: 517 788-4290

**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

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**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.

**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

## 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.

## 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.

**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.



# 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)

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

REPORT OF PHYSICIAN  
OR MENTAL HEALTH PROFESSIONAL

FILE NO.

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

\_\_\_\_\_  
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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

NOTICE OF HEARING

FILE NO.

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

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

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

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

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

_____		Date _____	
Attorney name _____	Bar no. _____	Petitioner name _____	
Address _____		Address _____	
City, state, zip _____	Telephone no. _____	City, state, zip _____	Telephone no. _____

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

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

NOTICE OF RIGHTS  
TO ALLEGED INCAPACITATED  
INDIVIDUAL

FILE NO.

Court address

Court telephone no.

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

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

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

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

**See other side for more rights**

MCL 700.5306a

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

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

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

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF JACKSON	PROOF OF SERVICE	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