

FORMS FOR GUARDIANSHIP OF AN INCAPACITATED INDIVIDUAL

COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS PROCESS PLEASE CONTACT AN ATTORNEY.

Forms must be filled out completely and uploaded to MiFILE (mifile.courts.michigan.gov/login). Keep copies for your own record.

Step One: Initial Filing-*Payment of \$175.00 is due at the time of filing online*

Documents Included:

- Petition for Appointment of Guardianship of an Incapacitated Individual (PC 625) - In Order to begin the guardianship process you will need to upload the completed petition on MiFILE along with your payment of \$175.00.
- Protected Personal Identifying Information (MC 97) – Enter personal identifying information on this form.
- Notice of Rights to Alleged Incapacitated Individual (PC 626) - this form must be served upon the individual who is the subject of the petition along with a copy of the Petition for Appointment of Guardianship. This form explains to them the process of guardianship and outlines their rights.

Step Two: Once you have received confirmation from MiFILE that the Court has accepted your petition please complete the following forms.

Documents Included:

- Notice of Hearing (PC 562) - please call the Court to schedule a hearing date and time.
- Proof of Service (PC 564) - this form tells the Judge that you sent copies of the Petition to Appoint Guardian and Notice of Hearing to all interested parties. Please make all necessary copies of your petition and notice of hearing (including one for yourself and one for each interested party). Interested parties include but may not be limited to the following:
 - Alleged incapacitated individual or the incapacitated individual
 - If known, a person named as attorney in fact under a durable power of attorney
 - Spouse and children of the ward (if no spouse or children, then the heirs at law)
 - If no known heirs you must notify the Attorney General's office
 - The person who has the care and custody of the alleged incapacitated individual or of the incapacitated individual
 - The current, proposed and or nominated guardian
 - If known by the petitioner or applicant, a guardian or conservator appointed by a court in another state to have care and control of the incapacitated individual
 - If the adult is a veteran, the Veteran Administration needs to be notified

Complete the proof of service by filling in the names and last known addresses of each person served under the appropriate heading; by regular mail or electronic service through MiFILE and include the date the service was made. **The Court requires that all interested persons be served the required**

OTTAWA COUNTY PROBATE COURT
12120 FILLMORE STREET
WEST OLIVE, MI 49460

Hours: Mon-Fri 8:00 AM-5:00 PM
Phone: 616-786-4110
Website: www.miottawa.org

documents no less than 14 days prior to the scheduled hearing if serving by regular mail and no less than 7 days before the scheduled hearing if serving by hand (in person). Do not forget to sign and date the bottom of the form.

*****STOP AND PLEASE READ*****

You must make every effort to obtain last known addresses for the people you are required to serve, if you do not know an address you must do the following:

- Complete an internet search, if possible
- Send to last known address
- Contact any known family members of the person in order to obtain a last known address

Once you have completed these steps please fill in Number 4 on Proof of Service.

- Acceptance of Appointment (PC 571) - This is signed by the proposed guardian(s); this lets the Court know that the person accepts the guardianship and its responsibilities.
- Addendum to Protected Personal Identifying Information (MC 97a) – Enter personal identifying information on this form.

Forms Needed for Future Filings:

Documents Included:

- Annual Report of Guardian on Condition of Legally Incapacitated Individual (PC 634) - This report is due to the Court annually.
- Proof of Service (PC 564) - this form tells the Judge that you sent copies of the Annual Report of Guardianship on Condition to Legally Incapacitated Individual to all interested parties. Please make all necessary copies of your report (including one for yourself and one for each interested party). Interested parties include but may not be limited to the following:
 - the ward
 - the person who has principal care and custody of the ward
 - the spouse and adult children, or if no adult children are living, the presumptive heirs of the individual

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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.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE
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Court address 12120 FILLMORE STREET, WEST OLIVE, MICHIGAN, 49460	Court telephone no. 616-786-4110
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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 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
Name (type or print)
 matter 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 _____, _____ State
City, village, or township County
 and has a home address and telephone number of _____
Address

City _____ State _____ Zip _____ Telephone no. _____

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
 mental illness. mental deficiency. physical illness or disability.
 chronic intoxication. chronic drug use. _____.

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				
		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 _____,
Priority relationship

- full guardian with all powers provided by statute.
 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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY OTTAWA	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address	Court telephone no.
12120 FILLMORE STREET, WEST OLIVE, MICHIGAN, 49460	616-786-4110

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.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF RIGHTS
TO ALLEGED INCAPACITATED
INDIVIDUAL**

FILE NO.

Court address 12120 FILLMORE STREET, WEST OLIVE, MICHIGAN, 49460

Court telephone no.
616-786-4110

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 may have 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

- 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 to 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

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 **MARK A. FEYEN** **P32369**
Location Meeting ID#: 2790291001 Bar no.

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

PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL

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	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	TOTAL 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.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
Court address 12120 FILLMORE ST WEST OLIVE, MI 49460		Court telephone no. 616-786-4110

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

1. I have been appointed _____ of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
not to exceed 91 days

the following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

Date

Signature

Attorney name (type or print) Bar no.

Name (type or print)

Attorney Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Put DOB in row 10 on MC 97a.
Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT OTTAWA COUNTY	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 _____		

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Instructions:

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

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other