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# GUARDIANSHIPS FOR THE DEVELOPMENTALLY DISABLED

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GENESEE COUNTY PROBATE COURT

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## GUARDIANSHIPS FOR THE DEVELOPMENTALLY DISABLED – OVERVIEW

- Guardianships for the developmentally disabled derive from Chapter 6 of the Michigan Mental Health Code (MCL 330.1600, *et seq.*), which establishes the procedures for such proceedings before the probate court.

## GUARDIANSHIPS FOR THE DEVELOPMENTALLY DISABLED – OVERVIEW

- Specific type of guardianship under the Mental Health Code for individuals with a developmental disability
  - Court appoints a partial or plenary guardian – An individual who possesses legal rights and powers of a guardian of the person, or of the estate, or both
  - Partial guardian is preferred (MCL 330.1602(2))
- Petition process; Attorney appointed; Hearing required
  - Alleged individual with a developmental disability must be present at the hearing
- Report with evaluation(s) must accompany petition

## WHAT IS A DEVELOPMENTAL DISABILITY?

- A **severe, chronic condition** that meets all of the following requirements:
  - Is attributable to a mental or physical impairment or combination of mental and physical impairments
  - Is manifested before the individual is 22 years old
  - Is likely to continue indefinitely
  - Results in substantial functional limitations in 3 or more of the following areas of major life activity:
    - Self-care
    - Receptive and expressive language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for independent living
    - Economic self-sufficiency
  - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

MCL 330.1100a(25)

# PETITION – FORM PC 658

<p style="text-align: center;">STATE OF MICHIGAN PROBATE COURT</p> <p style="text-align: center;">PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY</p> <p style="text-align: right;">CASE NO. and JUDGE JFS Code 658</p> <p>Court address _____ Court telephone no. _____</p> <p><b>A</b> In the matter of _____ First, middle, and last name</p> <p><b>B</b> Petitioner's name, address, and telephone no. _____ Petitioner's attorney, law firm, address, and telephone no. _____</p> <p><b>C</b> 1. The individual named above, age _____, is a resident of _____ County. Mortgages and presently lives with/for _____ Name of person or center or facility _____ Address _____ City _____ State _____ Zip _____ Telephone no. _____ JWS DOR in box 1 on MC 67. Date of birth _____ 2. The individual is a citizen of the following foreign country: _____</p> <p><b>D</b> 3. Higher presumptive facts are as follows (attach additional page if needed)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>AGE</th> <th>RELATIONSHIP</th> <th>ADDRESS AND TELEPHONE NUMBER</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><b>E</b> 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____ and _____ Thereina _____ is no longer pending</p> <p style="font-size: small;">Approved by JWS MCL 330.1609, 330.1610 MCL 330.1608, MCL 330.1609 Page 1 of 3</p>	NAME	AGE	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER																					<p style="text-align: center;">Petition for Appointment of Guardian, Individual with Alleged Developmental Disability (658) Case No. _____ Page 2 of 3</p> <p><b>F</b> 4. I, _____, am interested in this matter and make this petition as _____ State per memorandum</p> <p><b>G</b> 5. A report and evaluation required by law <input type="checkbox"/> accompanies <input type="checkbox"/> does not accompany the petition</p> <p><b>H</b> 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following: 1) is attributable to a mental or physical impairment or a combination of mental and physical impairments, 2) was manifested before the individual was 22 years old, 3) is likely to be lifelong and disabling, and 4) it results in substantial functional limitations in major life activities of: 1) self-care <input type="checkbox"/> receptive and expressive language <input type="checkbox"/> learning 2) mobility <input type="checkbox"/> self-direction <input type="checkbox"/> capacity for independent living 3) economic self-sufficiency <input type="checkbox"/> 4) safety <input type="checkbox"/> 5) health <input type="checkbox"/> 6) community living and reflects the individual's need for a combination and sequence of special, instructional, or generic care, treatment, or other services that are fitting or for an extended duration and are individually planned and coordinated</p> <p><b>I</b> 7. The specification and extent of the disability is: _____</p> <p><b>J</b> 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____</p> <p><b>K</b> 9. The estimated value of the individual's estate and income are: Real estate \$ _____ Personal property \$ _____ Yearly income \$ _____ Source of yearly income: _____</p> <p><b>REQUEST THAT:</b> 10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared 11. The court determine that the individual requires guardianship as an individual with a developmental disability <b>L</b> 12. The court determine and appoint _____ of _____ Address _____ City _____ State _____ Zip _____ Telephone no. _____ or appoint some other suitable individual or entity as: <input type="checkbox"/> primary (full) guardian of the <input type="checkbox"/> individual <input type="checkbox"/> estate <input type="checkbox"/> estate <input type="checkbox"/> partial guardian of the <input type="checkbox"/> individual <input type="checkbox"/> estate with the following powers: _____ <input type="checkbox"/> The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian</p>	<p style="text-align: center;">Petition for Appointment of Guardian, Individual with Alleged Developmental Disability (658) Case No. _____ Page 3 of 3</p> <p><b>M</b> 13. The court authorize the guardian to execute an application for admission to _____ located at _____ address _____</p> <p><b>N</b> 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers because _____ Describe emergency situation: _____</p> <p><b>O</b> 15. The court appoint _____ of _____ City _____ State _____ Zip _____ Telephone no. _____ as standby guardian</p> <p>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> <p>Date _____ Petitioner's signature _____ Date _____ Attorney's signature _____</p>
NAME	AGE	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER																							

# PETITION

- The petition for the appointment of a guardian for an individual who is developmentally disabled shall set forth the following:
  - The relationship and interest of the petitioner
  - The name, date of birth, and place of residence of the respondent
  - The facts and reasons for the need for guardianship
  - The names and addresses of the individual's current guardian, and the respondent's presumptive heirs
  - The name and address of the person with whom, or the facility in which, the respondent is residing
  - A description and approximation of the value of the respondent's estate including an estimate or the individual's anticipated yearly income and the source of the income
  - The name, address, and age of the proposed guardian and if the proposed guardian is a current provider of services to the developmentally disabled
  - A factual description of the nature and extent of the respondent's developmental disability

MCL 330.1609

## REPORT TO ACCOMPANY PETITION – FORM PC 659

Approved: SCAD

STATE OF MICHIGAN PROBATE COURT COUNTY: \_\_\_\_\_

REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

FILE NO.: \_\_\_\_\_ OSM CODE: RFD

In the matter of \_\_\_\_\_, an individual with an alleged developmental disability

1. I, \_\_\_\_\_, report to the court that:

2. The individual's developmental disability may be described as follows:

Nature: \_\_\_\_\_

Type: \_\_\_\_\_

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	DOB (MM/DD/YYYY)
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to this report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

5. Guardianship  should be modified,  is needed,  is not needed for the following reason(s): \_\_\_\_\_

PLEASE SEE OTHER SIDE  
Do not write below this line. Your report only.

PC 659 (2005) REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY MCL 330.1612, MSA, 14 2005(2)

6. The type and scope of guardianship services needed are as follows:

\_\_\_\_\_

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

\_\_\_\_\_

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

\_\_\_\_\_

The guardian should be authorized to make application to place the individual in \_\_\_\_\_ (name or type of facility)

Date: \_\_\_\_\_

Signature of person preparing report: \_\_\_\_\_

Name of center or agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ Telephone no: \_\_\_\_\_

## REPORT/EVALUATION(S)

- The petition shall be accompanied by a report that contains all of the following:
  - A description of the nature and type of respondent's developmental disability.
  - Current evaluations of the respondent's mental, physical, social, and educational condition, adaptive behavior, and social skills. These evaluations shall take into account the individual's abilities.
  - An opinion as to whether guardianship is needed, the type and scope of the guardianship needed, and a specific statement of the reasons for the guardianship.
  - A recommendation as to the most appropriate rehabilitation plan and living arrangement for the individual and the reasons for the recommendation.
  - The signatures of all individuals who performed the evaluations upon which the report is based. One of the individuals shall be a physician or psychologist who, by training and experience, is competent in evaluating individuals with developmental disabilities.
  - A listing of all psychotropic medications, plus all other medications the respondent is receiving on a continuous basis, the dosage of the medications, and a description of the impact upon the respondent's mental, physical and educational conditions, adaptive behavior, and social skills.

MCL 330.1612

## REPORT/EVALUATION(S) – TESTING

- **Timing**
  - Psychological tests upon which an evaluation of the respondent’s mental condition have been based may be performed up to **1 year** before the filing of the petition.

MCL 330.1612(2)

## REPORT/EVALUATION(S)

- **Court-ordered evaluation(s)**
  - Pursuant to MCL 330.1612(3), if the required report does not accompany the petition, the probate court shall order the evaluations to be performed by “qualified individuals who may be employees or the state, the county, the community mental health services program, or the court.”
  - The report shall be prepared and filed with the court not less than 10 days before the hearing.

## REPORT/EVALUATION(S) – IMPORTANT ITEMS

- Report must accompany the petition
  - The evaluation(s) performed must be appended to the report (form PC 659)
  
- Signature requirement
  - Report shall include signature(s) of all individuals who performed the evaluation(s)
  
- Physician/Psychologist
  - At least one of the individuals who performed an evaluation upon which the report is based must be a physician or psychologist
  
- Timing for testing
  - Any testing involved in the evaluation must be performed up to 1 year before the filing of the petition

## REPORT/EVALUATION(S) – IMPORTANT ITEMS

- **Report is Non-Public**
  - The report shall not be made part of the public record of the proceedings but shall be available to the court or an appellate court to which the proceedings may be appealed, to the respondent, the petitioner, their attorneys, and to other individuals the court directs.

MCL 330.1612(4)

## PROBATE COURT PROCEEDING

### Appointment of Attorney

- Respondent must be represented by legal counsel
- Court must appoint an attorney within 48 hours of receipt of the petition and attendant documentation
- Court must honor respondent's request for preferred counsel, if preferred counsel agrees to acceptance of the appointment

MCL 330.1615

### Hearing

- Hearing date must be set within 30 days after the filing of the petition, and may take place in a facility or other location
- Notice of the hearing must be provided to all interested parties to the proceeding:
  - Petitioner,
  - Respondent,
  - Presumptive heirs,
  - Preparer of the report or other appropriate person who performed the evaluation(s)
  - Director of facility (if applicable),
  - Respondent's legal counsel, and
  - Guardian ad litem (if any).

MCL 330.1614

## PROBATE COURT PROCEEDING

### ▪ Hearing

- The hearing may be closed to the public on the request of the respondent or the respondent's legal counsel
- The respondent shall be present at all proceedings
  - However, the respondent's presence may be excused by the court only on a showing, supported by an affidavit signed by a physician or psychologist who has recently examined the respondent, that the respondent's attendance would subject him or her to serious risk of physical or emotional harm.
- The person who prepared the report or at least 1 of the persons who performed an evaluation serving in part as basis for the report must testify in person in court proceeding
- The respondent has the right to secure an independent evaluation

MCL 330.1617





## NOTICE OF RIGHT TO DISMISS/MODIFY GUARDIANSHIP (FORM PC 661)

- Court shall make a reasonable effort to verbally inform the individual of his/her right to dismiss or modify the guardianship order, and a written statement shall be served upon the ward indicating his/her rights to request a discharge or modification of the order and specifying the procedures to be followed in petitioning the court.**

MCL 330.1634; MCL 330.1637

STATE OF MICHIGAN PROBATE COURT CIRCUIT COURT - FAMILY DIVISION		NOTICE OF RIGHT TO REQUEST DISMISSAL OF GUARDIANSHIP OR MODIFICATION OF GUARDIANSHIP ORDER	FILE NO.
In the matter of _____, an individual with a developmental disability			
TO:			
1. You, or any person helping you, may tell this court at any time that: a) you do not want a guardian any more, b) you want a different guardian, or c) you want the court to change what your guardian is allowed to do.			
2. You, or any person helping you, may tell the court what you want in a letter, in a telephone call, or in any other way.			
3. Your guardian may be discharged or have his or her duties modified when your capacity to perform the basic necessary for care of yourself or the management of your assets have changed so as to warrant modification or discharge. You, your guardian, or any interested person on your behalf may petition the court for a discharge or modification order.			
4. If you make a request to modify or terminate the guardianship, it may be communicated to the court by any means, including oral communication or informal letter. After receiving the communication, the court will appoint a suitable person to prepare and file with the court a petition reflecting the communication.			
5. After receiving a petition, the court will conduct a hearing. At the hearing, you will have all the following rights:			
a. You have a right to be represented by an attorney.			
b. Unless an appearance has been entered on your behalf, the court, within 48 hours after receiving a petition, will appoint an attorney to represent you.			
c. You may demand that a jury decide any issue of fact. The jury will consist of six persons.			
d. You may present evidence and confront and cross-examine all witnesses.			
e. You have a right to have the hearing closed to the public if you or your attorney requests it.			
f. You must be present at all court proceedings. Your presence may be excused by the court only on a showing, supported by an affidavit signed by a physician or psychologist who has recently examined you, that your attendance would subject you to serious risk of physical or emotional harm.			
g. You have the right to have an independent evaluation at your own expense. If you cannot afford it, the evaluation will be paid for by the state.			
6. After the hearing, the court will enter a written order stating the factual basis for its findings and may do any of the following:			
a. dismiss the petition,			
b. remove the guardian and end the guardianship,			
c. remove the guardian and appoint a successor guardian,			
d. modify the original guardianship order, or			
e. make any other order it considers appropriate and in your interests.			
<b>[PROOF OF SERVICE]</b>			
I certify that on this date a copy of this notice was personally delivered to _____, _____, and that I made a reasonable effort to verbally inform the individual of his/her right to request at a later date the dismissal or modification of his/her guardianship order.			
Date _____		Signature of sender _____	
<small>Do not write below this line - For court use only</small>			
<small>PC 661 (4/07) NOTICE OF RIGHT TO REQUEST DISMISSAL OF GUARDIAN OR MODIFICATION OF GUARDIANSHIP ORDER</small>			

## GUARDIANSHIP TYPES

- Partial Guardian**

  - Preferred form of guardianship**
  - Partial guardian means a guardian who possesses fewer than all of the legal rights and powers of a plenary guardian, and whose rights, powers, and duties have been specifically enumerated by court order.**
  - A partial guardian shall not be appointed for a term greater than 5 years**
- Plenary Guardian**

  - Plenary guardian means a guardian who possesses the legal rights and powers of a full guardian of the person, or of the estate, or both.**

## GUARDIANSHIP TYPES

### ■ Standby Guardian

- The Court may designate one or more standby guardians whose appointment shall become effective upon the death, incapacity, or resignation of the initially appointed guardian. The powers and duties of the standby guardian shall be the same as those of the initially appointed guardian.
- In an emergency situation and in the absence and unavailability of the initially appointed guardian, the standby guardian may temporarily assume the powers and duties of the initially appointed guardian.

MCL 330.1640

## COURT AS GUARDIAN / TEMPORARY GUARDIAN

- Under emergency circumstances, before appointment of a plenary or partial guardian, the probate court may temporarily exercise the powers of a guardian over an individual with a developmental disability, or may appoint a temporary guardian whose powers duties shall be specifically enumerated by court order.
- If the court serves as guardian or appoints a temporary guardian, a hearing must be held within 14 days.

MCL 330.1607

## GUARDIAN DUTIES

- To the extent ordered by the court, the plenary guardian of the person shall have and a partial guardian of the person may have among others the following duties:
  - Custody of the ward
  - The duty to make provision from the ward's estate or other sources, for the ward's care, comfort, and maintenance
  - The duty to make a reasonable effort to secure for the ward training, education, medical, and psychological services, and social and vocational opportunity as are appropriate and as will assist the ward in the development of maximum self-reliance and independence.
  
- Annual reporting requirement
  
- Annual accounting requirement

MCL 330.1631

## ANNUAL REPORT OF GUARDIAN – FORM PC 663

STATE OF MICHIGAN PROBATE COURT COUNTY		REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	CASE NO. AND JUDGE
Court address _____		Court telephone no. _____	
This report should be completed annually by the guardian or more often if directed by the court.			
In the matter of _____			
First, middle, and last name of individual with a developmental disability _____			
1. I, _____, am the guardian of the individual named above, and I report for the period _____ to _____			
2. Present age of the individual _____			
3. The current address and telephone number of the individual are: <input type="checkbox"/> Check here if this is a new address _____			
4. The individual's present living arrangement is: <input type="checkbox"/> own home <input type="checkbox"/> individual's home <input type="checkbox"/> hospital or medical center <input type="checkbox"/> guardian's home <input type="checkbox"/> community placement home <input type="checkbox"/> other _____			
5. The individual has been in the present residence since _____. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows: _____			
6. I rate the individual's present living arrangements as <input type="checkbox"/> excellent <input type="checkbox"/> average <input type="checkbox"/> below average.			
7. I believe the individual is <input type="checkbox"/> content with the living situation <input type="checkbox"/> unhappy with the living situation. I recommend a more suitable residence as follows: _____			
8. The individual's mental condition has <input type="checkbox"/> remained about the same <input type="checkbox"/> improved <input type="checkbox"/> deteriorated.			
9. The individual's physical health has <input type="checkbox"/> remained about the same <input type="checkbox"/> improved <input type="checkbox"/> deteriorated.			
Describe the charges: _____			
Approved: (Signature) _____ Approved: (Print Name) _____ MCL 330.1631, MCL 330.1632 Page 1 of 3			

Report of Guardian on Condition of Individual with Developmental Disability (1020) Case No. _____	
Page 2 of 3	
10. The individual's social condition has <input type="checkbox"/> remained about the same <input type="checkbox"/> improved <input type="checkbox"/> deteriorated.	
Describe the charges: _____	
11. The individual has received the following services: <input type="checkbox"/> medical <input type="checkbox"/> educational <input type="checkbox"/> vocational <input type="checkbox"/> other professional services.	
Describe: _____	
12. My visits with and activities on behalf of the individual were: _____	
13. I believe the individual has the following needs: _____	
14. I have the following questions concerning the individual or my responsibilities: _____ _____	
15. Other information requested by the court or necessary in the opinion of the guardian is as follows: _____	
16. The guardianship <input type="checkbox"/> should <input type="checkbox"/> should not be continued because: _____	
<input type="checkbox"/> 17. As guardian, I have been ordered by the court to file an annual account, which is attached.	
18. Comments: _____	
Signed: _____ Signature of guardian Address: _____ City, state, zip: _____ <input type="checkbox"/> Check here if this is a new address	Signed: _____ Signature of the guardian (if applicable) Address: _____ City, state, zip: _____ <input type="checkbox"/> Check here if this is a new address

Report of Guardian on Condition of Individual with Developmental Disability (1020) Case No. _____	
Page 3 of 3	
<b>STATEMENT BY STANDBY GUARDIAN</b>	
I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.	
Date: _____	Signature of standby guardian: _____
Address: _____	City, state, zip: _____ Telephone no: _____
<input type="checkbox"/> Check here if this is a new address	

## GUARDIAN AS FIDUCIARY

- MCL 330.1632
  - Whenever the court appoints a plenary guardian of the estate or a partial guardian with powers or duties respecting real or personal property, that guardian shall be considered a fiduciary for the purposes of the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8102.

## DISCHARGE/MODIFICATION OF GUARDIANSHIP

- A guardian may be discharged by the court, or have his or her duties modified, when the individual's capacity to perform the tasks necessary for the care of his or her person or the management of his or her estate have changed so as to warrant modification or discharge.
- The individual subject to an order may communicate a request to modify or discharge the guardianship to the court by any means, including oral communication or informal letter. Upon receipt of the communication the court shall appoint a suitable person to prepare and file with the court a petition reflecting the communication.
  - Court must set and conduct a hearing, and attorney must be appointed for the individual.

MCL 330.1637

## TERMINATION OF GUARDIANSHIP

### ■ MCL 330.1644

- Upon termination of a guardianship, the developmentally disabled person regains all legal and civil rights that had been designated as legal disabilities or specifically granted to the guardian.
- Applies to termination by expiration of the term of guardianship (for partial guardianship) and termination by court order.

## PETITION TO TERMINATE/MODIFY GUARDIANSHIP – FORM PC 677

STATE OF MICHIGAN PROBATE COURT PETITION TO TERMINATE  OR MODIFY  GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL. CASE NO. and JUDGE

FILED IN: \_\_\_\_\_

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_

Plaintiff's name, address, and telephone no. \_\_\_\_\_

Defendant's name, address, and telephone no. \_\_\_\_\_

1. I, \_\_\_\_\_, am interested in this matter and make this petition as \_\_\_\_\_

2. The developmentally disabled individual's address and telephone number are: \_\_\_\_\_

3. The guardian's address is: \_\_\_\_\_

4. The developmentally disabled individual's presumptive heirs are: (attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE
_____ Street address _____ City _____ State _____ Zip _____ Telephone no. _____	_____ Street address _____ City _____ State _____ Telephone no. _____	_____	_____
_____ Street address _____ City _____ State _____ Telephone no. _____	_____ Street address _____ City _____ State _____ Telephone no. _____	_____	_____
_____ Street address _____ City _____ State _____ Telephone no. _____	_____ Street address _____ City _____ State _____ Telephone no. _____	_____	_____
_____ Street address _____ City _____ State _____ Telephone no. _____	_____ Street address _____ City _____ State _____ Telephone no. _____	_____	_____

Approved: SC-63  
Form PC 677 Rev. 6/21  
MCL 330.1644, MCL 330.1654, MCL 330.1657  
Page 1 of 2

Petition to Terminate/Modify Guardianship for Developmentally Disabled Individual (SDI) Case No. \_\_\_\_\_  
Page 2 of 2

5. The reasons why the court should take action are \_\_\_\_\_

I REQUEST that the court:

6. Terminate  all  part of the plenary guardian of the  individual  estate  
 all  part of the partial guardian of the  individual  estate

7. Accept the resignation of the  plenary guardian of the  individual  estate  
 partial guardian of the  individual  estate  
 standby guardian

8. Remove the  plenary guardian of the  individual  estate,  
 partial guardian of the  individual  estate,  
who  has  has not been suspended

9. Appoint \_\_\_\_\_ as \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_  
as  temporary guardian  successor partial guardian  successor plenary guardian  
of the  individual  estate.

10. Appoint \_\_\_\_\_ as standby guardian of the  individual  estate.  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

11. Modify the powers of the  plenary guardian  partial guardian of the  individual  estate  
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 \_\_\_\_\_ Attorney signature \_\_\_\_\_  
Date \_\_\_\_\_ Petitioner signature \_\_\_\_\_

## PROBATE COURT FILING

- Petition for Appointment of Guardian, Individual with Alleged Developmental Disability (PC 658)
- Report to Accompany Petition to Appoint, Modify, or Discharge Guardian of Individual with Developmental Disability (PC 659)
- Notice of Hearing (PC 562)
- Order Appointing Attorney (PC 628 or PC 642)
- Notice of Right to Request Dismissal of Guardian or Modification of Guardianship Order (PC 661)

QUESTIONS?