| STATE OF MICHIGAN<br>PROBATE COURT<br>COUNTY OF | ORDER REGARDING APPOINTMENT OF TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL | FILE NO. |
|---|---|---|

Court address Court telphone number

In the matter of _____ , an alleged incapacitated individual

1. Date of hearing: _____ Judge: _____
Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to the alleged incapacitated individual.

☐ 3. The individual is not in need of a guardian.

☐ 4. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. A showing has been made that the individual is incapacitated.

☐ 5. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.

☐ 6. There is no qualified, suitable individual willing to act as temporary guardian, and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.

☐ 7. Other: _____

**IT IS ORDERED:**

☐ 8. The petition for appointment of temporary guardian is ☐ granted. ☐ denied on the merits ☐ dismissed/withdrawn.

☐ 9. _____ , whose address and telephone number are
Name (type or print)

_____
Address City State Zip Telephone no.

is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

a. The temporary guardian shall have the following powers:

☐ all authority and responsibilities granted and imposed by law.

☐ except as follows: _____

☐ the following powers only: _____

_____

☐ In addition, the temporary guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

☐ b. Bond of $ _____ must be filed.

Do not write below this line - For court use only

☐ 10. The temporary guardian is not permitted to act until letters of guardianship are issued.

☐ 11. This temporary guardianship shall terminate on _____ (Date) .

☐ 12. **IT IS FURTHER ORDERED:**

_____ (Date) _____ (Judge)

_____ (Attorney name (type or print)) _____ (Bar no.)

_____ (Address) _____ (City) _____ (State) _____ (Zip) _____ (Telephone no.)