

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

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

<b>B</b> Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
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**C** 1. The individual named above, age \_\_\_\_\_, is a resident of \_\_\_\_\_, \_\_\_\_\_  
County  
 Michigan, and presently lives with/at \_\_\_\_\_ at  
Name of person or center or facility

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

Put DOB in box 1 on MC 97. \_\_\_\_\_ **XXX-XX-** Put SSN in box 2 on MC 97. \_\_\_\_\_  
Date of birth Last four digits of SSN

The individual is a citizen of the following foreign country: \_\_\_\_\_

**D** 2. His/her presumptive heirs are as follows: (Attach additional page if needed.)

NAME	AGE	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.

**E**  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  remains  is no longer pending.

**F** 4. I, \_\_\_\_\_, am interested in this matter and make this petition as  
Name (type or print)

State your interest/relationship \_\_\_\_\_

**G** 5. A report and evaluation required by law  accompanies  does not accompany the petition.

**H** 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following:  
1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments;  
2) it was manifested before the individual was 22 years old;  
3) it is likely to continue indefinitely; and  
4) it results in substantial functional limitations in major life activities of

(A minimum of three of the following options must apply and be checked.)

- self-care,  receptive and expressive language,  learning,
- mobility,  self-direction,  capacity for independent living,
- economic self-sufficiency,

and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

**I** 7. The specific nature and extent of the disability is: \_\_\_\_\_

\_\_\_\_\_

**J** 8. A guardian is needed to assist the individual with the following responsibilities and duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**K** 9. The estimated value of the individual's estate and income are:

Real estate: \$ \_\_\_\_\_ Personal property: \$ \_\_\_\_\_

Yearly income: \$ \_\_\_\_\_ Source of yearly income: \_\_\_\_\_

**I REQUEST THAT:**

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.

**L** 12. The court determine and appoint \_\_\_\_\_ of  
Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

or appoint some other suitable individual or entity as

- a. plenary (full) guardian of the  individual  estate
- b. partial guardian of the  individual  estate with the following powers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

13. The court authorize the guardian to execute an application for admission to \_\_\_\_\_  
Name of facility  
\_\_\_\_\_ located at \_\_\_\_\_  
Address

14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers because \_\_\_\_\_  
Describe emergency situation  
\_\_\_\_\_  
\_\_\_\_\_

15. The court appoint \_\_\_\_\_ of \_\_\_\_\_  
Name Address  
\_\_\_\_\_ as standby guardian.  
City State Zip Telephone no.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's signature