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|---|---|---------------------------|
| <b>STATE OF MICHIGAN<br/>PROBATE COURT<br/>COUNTY</b> | <b>PETITION FOR<br/>APPOINTMENT OF GUARDIAN<br/>OF INCAPACITATED INDIVIDUAL</b> | <b>CASE NO. and JUDGE</b> |
|---|---|---------------------------|

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

**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.

|   |   |      |     |
|---|---|------|-----|
| Date of birth<br>Put DOB in Ref. No. row 1 on MC 97         | Driver's license number<br>Put DLN on Ref. No. row 3 on MC 97 | Race | Sex |
| Address of alleged incapacitated individual where now found |   |      |     |

**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 \_\_\_\_\_, County \_\_\_\_\_ State  
City, village, or township  
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.)

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- 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. |
|      |                    | 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:

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

**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.

\_\_\_\_\_  
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