

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
**XXX-XX-** Ref. No. row 2 on MC 97.  
Last four digits of SSN  
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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

1. I, \_\_\_\_\_, am interested in this matter  
Name (type or print)  
and make this petition as \_\_\_\_\_  
State interest/relationship

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.

3. The individual 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: \_\_\_\_\_

4. The individual 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

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.

6. The individual 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.
  - \_\_\_\_\_ .

7. Specific facts about the individual's recent condition or conduct that lead me to believe the individual needs a guardian are:

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8. a. The person(s) that has the care and custody of the individual denied another person(s) access to the individual, and
- the individual desires contact with the other person(s).
  - contact with the other person(s) is in the individual's best interest.

b. Specific facts about the need for a limited guardian to supervise access with the other person(s) are:

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9. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the individual are \_\_\_\_\_ .

10. The individual  is  is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is \_\_\_\_\_ .

11. 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.
	Nominated guardian	Street address			
		City	State	Zip	Telephone no.
	Nominated standby guardian	Street address			
		City	State	Zip	Telephone no.

12. None of the persons named above are under any legal incapacity except \_\_\_\_\_

\_\_\_\_\_  
Name, legal incapacity, and representative of the person, if any

13. I REQUEST that the court determine the individual 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: \_\_\_\_\_

\_\_\_\_\_

designate \_\_\_\_\_ , \_\_\_\_\_  
Name Address City, state, zip Telephone no.

as standby guardian.

14. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

15. **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. to be appointed guardian.

I also nominate \_\_\_\_\_  
Name

\_\_\_\_\_  
Address, city, state, zip Telephone no. to be designated standby guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of alleged incapacitated individual