

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE
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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.

<small>Date of birth Put DOB in Ref. No. row 1 on MC 97</small>	<small>Driver's license number Put DLN on Ref. No. row 3 on MC 97</small>	<small>Race</small>	<small>Sex</small>
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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 _____, _____ 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: _____

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:

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:

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

_____ to be appointed guardian.
Address, city, state, zip Telephone no.

I also nominate _____
Name

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

Date

Signature of alleged incapacitated individual