

STATE OF MICHIGAN PROBATE COURT COUNTY	APPLICATION FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE
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Court address

Court telephone no.

In the matter of

First, middle, and last name

Put last 4 digits of SSN in
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.

Court ORI*

Date of birth
Put DOB in Ref. No.
row 1 on MC 97.

Race

Sex

Address of incapacitated individual where now found

*Court ORI is to be completed by the court.

1. I, _____, am interested in this matter
Name (type or print)

and make this application as the individual's guardian appointed, qualified, and serving in good standing in another state.

2. I am not aware of any guardianship or pending petitions in this state for a guardianship of the individual.

3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the

above individual has been previously filed in _____ Court,

Case Number _____, was assigned to Judge _____,
and remains is no longer pending.

4. The alleged incapacitated individual has

a spouse adult child(ren) 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 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.

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. (continued)

None of these persons are under any legal incapacity except _____ Name, incapacity, and representative of the person, if any _____.

5. The individual is is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is _____.

6. 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: _____

7. 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 _____

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

9. _____ Name of court that appointed guardian _____ State _____
Telephone no. _____
appointed the guardian for the following reason(s):

10. **I REQUEST** that the court of this state appoint me guardian of the individual in accordance with the laws of this state.

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

Date _____

Applicant signature _____

Date _____

Attorney signature _____