

PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL

FILING FEE: \$175.00

CHECK/MONEY ORDER PAYABLE TO:

“MONROE COUNTY PROBATE COURT”

IF OPENING GUARDIANSHIP AT SAME TIME:

-ONLY ONE PHYSICIAN’S REPORT NEEDS TO BE OBTAINED. COURT WILL COPY REPORT FOR THE CONSERVATORSHIP FILE.

AFTER FILING PETITION AND PHYSICIAN’S REPORT:

-COURT WILL SCHEDULE HEARING AND PROVIDE PACKETS/EXPLAIN PROOF OF SERVICE.

ALL FORMS ARE AVAILABLE AT THE STATE COURT WEBSITE:

www.courts.michigan.gov

COURTS MAILING ADDRESS:

MONROE COUNTY PROBATE COURT

106 EAST FIRST STREET

MONROE MI 48161

734.240.7346

- 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.)

- 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.	
	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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE MONROE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address 106 E. FIRST STREET, MONROE, MI 48161	Court telephone no. 734-240-7346
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Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: PETITION FOR APPOINTMENT OF GUARDIAN OF LII

Printed name of individual completing form and date

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My speciality is _____ if any

2. I last examined the individual on _____

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:
check all that apply determining where to live. handling personal financial affairs.
 consenting to supportive services. authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is _____.
My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE MONROE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address 106 E. FIRST STREET, MONROE, MI 48161	Court telephone no. 734-240-7346
--	-------------------------------------

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

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- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: ACCEPTANCE OF APPOINTMENT

Printed name of individual completing form and date _____

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other