

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ACCEPTANCE OF APPOINTMENT AND REPORT OF GUARDIAN AD LITEM OF ALLEGED INCAPACITATED INDIVIDUAL	FILE NO.
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In the matter of _____, alleged incapacitated individual
First, middle, and last name

- 1. I have been appointed by the court as guardian ad litem, and I accept this appointment.
- 2. I have performed the duties required by statute (see reverse side for list of duties).
- 3. I visited the alleged incapacitated individual on _____ at _____
Date Location

and, to the extent that the individual could comprehend, explained the nature, purpose, and legal effects of a guardian's appointment and otherwise complied with each provision of MCL 700.5305(1).

- 4. I report to the court as follows:
 - a. the alleged incapacitated individual wishes to:
 - have limits placed on the guardian's powers
 - do-not-resuscitate order. POST (physician orders for scope of treatment) form. other.
 - contest the petition.
 - object to the appointment of the nominated guardian.
 - have an attorney appointed.
 - b. There is a disagreement or dispute related to the guardianship, namely _____

I believe it might will not be resolved through court-ordered mediation.

- c. There is one or more appropriate alternative to a full guardianship, namely:
 - 1) appointment of a limited guardian with the following powers: _____
 - 2) appointment of a conservator or a written protective order.
 - 3) the alleged legally incapacitated individual executing one of the following:
 - a patient advocate designation. a do-not-resuscitate declaration.
 - a durable power of attorney. a physician orders for scope of treatment (POST) form.
 - d. The alleged incapacitated individual wishes to be present at the hearing.
 - e. I believe it is in the best interests of the individual to have legal counsel because _____

The individual will retain legal counsel. I recommend the court appoint legal counsel.

- 5. None of the items in item 4a above is demanded. My report to the court and recommendations are attached.

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

SEE SECOND PAGE FOR DUTIES OF GUARDIAN AD LITEM

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

