

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER REGARDING APPOINTMENT OF TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, an alleged incapacitated individual

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to the alleged incapacitated individual.

3. The individual is not in need of a guardian.

4. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. A showing has been made that the individual is incapacitated.

5. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.

6. There is no qualified, suitable individual willing to act as temporary guardian, and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.

7. Other: \_\_\_\_\_

**IT IS ORDERED:**

8. The petition for appointment of temporary guardian is  granted.  denied on the merits  dismissed/withdrawn.

9. \_\_\_\_\_, whose address and telephone number are  
Name (type or print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

a. The temporary guardian shall have the following powers:

all authority and responsibilities granted and imposed by law.

except as follows: \_\_\_\_\_

the following powers only: \_\_\_\_\_

In addition, the temporary guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

b. Bond of \$ \_\_\_\_\_ must be filed.

Do not write below this line - For court use only

10. The temporary guardian is not permitted to act until letters of guardianship are issued.

11. This temporary guardianship shall terminate on \_\_\_\_\_ .  
Date

12. **IT IS FURTHER ORDERED:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.