PCS Code: CSR

## TCS Code: CSV STATE OF MICHIGAN CASE NO. and JUDGE **PETITION FOR** PROBATE COURT APPOINTMENT OF CONSERVATOR COUNTY PROTECTIVE ORDER Court address Court telephone no. Put last 4 digits of SSN in XXX-XX-Ref. No. row 2 on MC 97. A)In the matter of First, middle, and last name Last four digits of SSN Petitioner's name, address, and telephone no. Petitioner's attorney, bar no., address, and telephone no. (**B**) 1. I, Name \_\_\_\_\_, am interested in this matter and make this petition as and make this petition as State interest/relationship Put DOB in Ref. No. row 1 on MC 97. Date . resides in County at Address \_\_\_\_ and has property in \_\_ County. City, state, zip $({f D})$ $\square$ 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 \_\_\_ \_\_\_\_\_, was assigned to Judge \_\_\_\_\_ and remains is no longer pending. (**E**) 4. The individual has a power of attorney. (Specify name and address below.) a guardian. (Specify name and address below.) a representative payee for social security. (Specify name and address below.) Name and address $(\mathbf{F})$ 5. $\square$ a. The individual is an adult unable to manage his/her property and business affairs effectively because of ☐ chronic use of drugs confinement mental deficiency chronic intoxication disappearance physical illness or disability detention by a foreign power and either $\square$ the adult has property that will be wasted or dissipated unless proper management is provided, or $\Box$ the adult or his/her dependents are in need of money for support, care, and welfare, and protection is

 $\Box$  b. The adult petitioner is mentally competent but because of age or physical infirmity is unable to manage his/her property and affairs effectively, and recognizing the disability, requests appointment of a conservator.

necessary to obtain or provide money.

2 of 3	ilservator and/or Frotect	ive Order (3/21)		Case NO	•		
5. (continued)							
☐ c. The individual							
	y or property that req		•		•	led.	
	have business affairs						
	ey for support and edu						
	lian of the ward and it		pest interest	s to sell or otherw	ise dispose of the	ward's	
real property o	r interest in real prop	erty.					
6. The statements in it	em 5 are supported b	by the following fa	icts:				
			(Attach a	separate sheet if nece	essary.)		
. The individual to be	protected has an est	ate approximatel	v valued at:				
		• •					
\$	\$ Personal pro	;	\$	\$			
Real property	Personal pro	perty	Insurance		Monthly income		
. The individual to be	protected is receiving	g the following be	enefits from o	governmental age	ncies:		
□ Social Security S	\$	□ SSI \$					
	stration \$	, claimant nu	mber				
Oth or			¢.				
U Other:			ф				
· <del>-</del> · · · · · · · · · ·							
9. The individual to be							
	name and address a						
	name(s) and addres						
	deceased child(ren) w						
	r descendants of dec	eased child(ren),	parents who	se name(s) and a	address(es) are lis	sted	
below.							
	ove, presumptive heir						
□ none of the above	e (must notify the Att	orney General - s	see instruction	ons for the addres	s of the Attorney	General	
NAME	A	ADDRESS AND TELEPHONE NUMBER					
	Street address				RELATIONSHIP (if		
	0001						
	City	State	Zip	Telephone no.			
	Street address						
	City	State	Zip	Telephone no.			
			P				
	Street address	Street address					
	City	State	Zip	Telephone no.	_		
	Oity	Otato	2.19	releptione no.			
	Street address						
	2.1001.4441000						
	Citv	State	Zip	Telephone no	_		
		State	k	10.000.000.000.000.			
	City	State	Zip	Telephone no.			

<sup>\*</sup>If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

<b>Petition fo</b> Page 3 of 3	Appointment of Conservator and	or Protective Order (5/2	21)	Case No	
· ·		abovo aro undor any	logal incapacity except		
( <b>K</b> ) 10.	None of the persons named	above are under any	legal ilicapacity except		
	Name, incapacity, and representat	ive of the person, if any			
L 11.	The individual is currently for	ind at			Telephone no.
	2. It is necessary that a prelim			e regular hearing becau	·
I RE	QUEST that the court:				·
(N) 🗆 1:	3. Appoint Name, address, and te	lanhana na			,
	who has priority as Priority re		, as con	servator of the estate t	o be protected.
$\bigcirc \Box$	•				·
(O) $\Box$ 1	4. Preserve and apply the ind	vidual's property pend	ding the appointment of	a conservator as follow	VS:
( <b>P</b> ) 🗆 1:	5. Enter a protective order tha	provides			
Q 1	6. Appoint the guardian as spe or interest in real property.	ecial conservator with	authority to sell or other	wise dispose of the war	<sup>-</sup> d's real property
	clare under the penalties of penalties of penalties of penalties of my information, knowledge		has been examined by	me and that its conten	ts are true to the
$(R)_{R}$			Detition on sing of me		
Date			Petitioner signature		
Date			Attorney signature		
S	17. NOMINATION BY PERS	ON TO BE PROTECT	ED: I am 14 years of ag	e or older. I nominate as	s my conservator
	Name, address, and telephone	no.			·
Date			Signature of person to	be protected	
				1	