PCS CODE: CSR Approved, SCAO TCS CODE: CSV

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR  APPOINTMENT OF CONSERVATOR  PROTECTIVE ORDER	FILE NO.
A Estate of Individual alloged to peed protect	ction (frist, middle, and last name)	XXX-XX- Last four digits of SSN
<b>B</b> ) 1. I, Name		, am interested in this matter
	erest/relationship	
	eresurelationship , resides in	
		•
at Address		
City, state, zip	and has property in	County.
	n of the family division of circuit court involving the	e family or family members of the above
individual has been previously	r filed in Court, Case N	umber, was
	_	emains $\square$ is no longer pending.
	esentative payee for social security. (Specify name a	nd address below.)
Name and address		The transfer of the transfer o
$(\mathbf{F})$ 5. $\square$ a. The individual is an adult up $\square$ mental illness	nable to manage his/her property and business at $\Box$ chronic use of drugs	ਗਿrs eπectively because of ☐ detention by a foreign power
☐ mental deficiency	chronic intoxication	☐ disappearance
☐ physical illness or disabi		
and either	at will be wasted or dissipated unless proper man	ragement is provided or
	endents are in need of money for support, care, ar	
to obtain or provide mon	•	
	tally competent but because of age or physical inf	
property and aπairs eπectiv	rely, and recognizing the disability, requests appoi	ntment of a conservator.
	that requires management or protection that can	not otherwise be provided.
has or may have busines	ss affairs that may be jeopardized or prevented by	/ minority.
	t and education, and protection is necessary or de	
□ d. I am the guardian of the wa property or interest in real p	ard and it is in the ward's best interests to sell or o property.	therwise dispose of the ward's real
<b>G</b> 6. The statements in item 5 are sur	oported by the following facts: (Attach a separate shee	
	(Attach a separate sheet	t.)
	(SEE SECOND PAGE)	

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

H	7. The individual to be	protected has an estate	approximat	ely valued	at:		
	\$ Real property	\$ Personal prope	rty	\$ Insu	rance	\$ Monthly income	
I	8. The individual to be	protected is receiving th	e following l	penefits fro	om governmental agend	ies: \$	
	☐ Veterans Adminis	stration \$	_ , claimant r	number			•
<b>J</b> )	Other:9. The individual to be	protected bec		\$			
رو	a spouse whose	name and address are li	isted below.				
	☐ child(ren) whose ☐ descendants of c ☐ if no child(ren) or ☐ if none of the abo	name(s) and address(es deceased child(ren) whos descendants of deceas ove, presumptive heirs w	s) are listed se name(s) ed child(ren rhose name	below. and addre ), parents (s) and add	whose name(s) and add dress(es) are listed belo	ow.	
	NAME	none of the above (must notify the Attorney General - see instructions for the address of				RELATIONSHIP	AGE/DOB
L	NAME	ADDRESS AND TELEPHONE NUMBER  Street address				RELATIONSHIP	(if minor)
		Oli oct addi ocs					
		City	State	Zip	Telephone no.		
		Street address	I				
		City	State	Zip	Telephone no.		
()	10. None of the persor	│ ns named above are und	ler any lega	incapacity	/ except		
	·	representative of the person, if	, ,				
-			-				
<b>L</b> )	11. The individual is cu	rrently found at Address of	r location			Т	elephone no.
M)	☐ 12. It is necessary t	hat a preliminary protect	ive order be	entered p	ending the regular hear	ing because	
	I REQUEST that the co	ourt.					
1		ddress, and telephone no.					
						• • • • • • •	
	who has priority	asPriority relationship			, as conservat	or of the estate to	be protecte
<b>)</b>		oply the individual's prop					
	☐ 15. Enter a protective	e order that provides					
2	☐ 16. Appoint the gua	rdian as special conserv	ator with au	thority to s	ell or otherwise dispose	of the ward's real	property o
	interest in real p	roperty.					
	I declare under the per	nalties of perjury that this	s petition ha	s been exa	mined by me and that i	ts contents are true	e to the bes
	of my information, know		poutonna	<i>3</i>			
3)	/s/ Attorney signature			Date			
	, 0			/s/			
	Attorney name (type or print) Bar no		no. Petition	Petitioner signature			
	Attorney address			Petition	er address		
	City, state, zip		Telephono	no. City, sta	te zin		Telephone n
3)		BY PERSON TO BE PRO		-		minate as my cons	•
	Name, address, and	I telephone no.					
				<u>/s/</u>			
	Date			Signatu	re of person to be protected		