

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER APPOINTING EMERGENCY TEMPORARY GUARDIAN FOR INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	FILE NO. _____
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In the matter of _____, an individual with an alleged developmental disability

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. A petition was filed requesting the appointment of an emergency temporary guardian for _____
Name

3. Notice of hearing was provided to all interested persons. waived by all interested persons. waived by the court.

4. _____ is an individual with an alleged developmental disability.
Name

5. Based on clear and convincing evidence, an emergency exists and _____ needs the immediate
Name
protection of a temporary guardian of the person, estate, pending a full hearing in this matter.

IT IS ORDERED:

6. _____, whose address and telephone number are _____
Name (type or print) Address

_____ City State Zip Telephone no.

is appointed temporary guardian of the person estate for _____.

7. The temporary guardian shall have the authority to do the following: _____

8. The temporary guardian shall qualify by filing an acceptance of appointment. Bond at \$ _____ must be filed.

9. The temporary guardianship shall expire on _____ or, if a hearing pursuant to statute is held earlier, then on the date of the hearing.

10. _____ shall perform the necessary tests and report to accompany this
Name of agency (e.g., community mental health)
petition at least one day before the scheduled hearing in this matter.

Date Judge Bar no.

Attorney name (type or print)

Address City State Zip Telephone no.

Do not write below this line - For court use only