

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>APPLICATION FOR APPOINTMENT OF OUT-OF-STATE CONSERVATOR</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.  
Last 4 digits of SSN

Applicant's name, address, and telephone no.

Applicant's attorney, bar no., address, and telephone no.

1. I, \_\_\_\_\_, am interested in this matter and  
Name  
 make this application as the individual's conservator appointed, qualified, and serving in good standing in another state.

2. I am not aware of any conservatorship or pending petitions in this state for a conservatorship of the protected individual.

3. The individual was born \_\_\_\_\_, resides in \_\_\_\_\_ County at  
Put DOB in Ref. No. row 1 on MC 97.  
Date

Address \_\_\_\_\_ City, state, zip \_\_\_\_\_

and has property in \_\_\_\_\_  
County and state or other jurisdiction

The individual is a citizen of the following foreign country: \_\_\_\_\_

4. The protected individual has: (These are interested persons who have a right to receive a copy of this application.)
- a spouse  child(ren)  descendants whose name(s) and address(es) are listed below.
  - if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
  - if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
  - none of the above. (Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.)

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.

5. 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 \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

6. 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

7. None of the persons named above is under any legal incapacity except

\_\_\_\_\_  
Name, incapacity, and representative of the person, if any

8. The individual is currently found at \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Address or location

9. The individual  is  is not entitled to receive Veterans Administration benefits.

Claimant number \_\_\_\_\_

10. The individual to be protected has an estate approximately valued at:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Real property Personal property Insurance Monthly income

11. The individual to be protected is receiving the following income:

Social Security \$ \_\_\_\_\_  Veterans Administration \$ \_\_\_\_\_  
 Retirement \$ \_\_\_\_\_  Other \_\_\_\_\_ \$ \_\_\_\_\_  
Specify

12. \_\_\_\_\_ State \_\_\_\_\_ Telephone no. \_\_\_\_\_  
Name of court that appointed conservator  
appointed the conservator for the following reason(s): \_\_\_\_\_

13. **I REQUEST** that the court of this state appoint me conservator of the individual in accordance with the laws of this state.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature