

STATE OF MICHIGAN PROBATE COURT COUNTY OF	APPLICATION AND ORDER FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL	FILE NO.
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In the matter of _____, a legally incapacitated individual **XXX-XX-**
First, middle, and last name Last four digits of SSN

Court ORI*	Date of birth	Race	Sex	Address of incapacitated individual where now found
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*Court ORI is to be completed by the court.

1. I, _____, am interested in this matter and
Name (type or print)
 make this application as the individual's guardian appointed, qualified, and serving in good standing in another state.
2. I am not aware of any guardianship or pending petitions in this state for a guardianship of the individual.
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 _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.
4. The alleged incapacitated individual has
 a spouse adult child(ren) living parent(s) whose name(s) and address(es) are listed below.
 no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
 none of the above. (must notify the Attorney General***)

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.

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

None of these persons are under any legal incapacity except _____ .
Name, incapacity, and representative of the person, if any

5. The individual is is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is _____ .

(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

6. The adult is a resident of _____, _____ County _____ State
City, village, or township
and has a home address and telephone number of _____
Address

_____ City _____ State _____ Zip _____ Telephone no.

The individual is a citizen of the following foreign country: _____

- 7. The adult has a patient advocate/power of attorney for health care. (Specify name and address below.)
 a power of attorney. (Specify name and address below.)
 a conservator. (Specify name and address below.)

_____ Name and address

8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the individual are _____

9. _____ Name of court that appointed guardian _____ State _____ Telephone no.
appointed the guardian for the following reason(s): _____

10. I REQUEST that the court of this state appoint me guardian 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.

Attorney signature

Date

Attorney name (type or print) Bar no.

Applicant signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

ORDER APPOINTING GUARDIAN

1. An application for appointment of a guardian of an incapacitated individual was filed in this court along with an authenticated copy of the guardian's letters of appointment in the other state and an acceptance of appointment in this state.

IT IS ORDERED:

2. _____ is appointed temporary guardian of
Name of guardian (type or print)
_____, a legally incapacitated individual, in this state.
Name of individual (type or print)

Date

Judge Bar no.

NOTICE TO INTERESTED PERSONS

Unless an objection to the above appointment is filed with the court within 28 days of the date of the order appointing, the temporary guardian shall be appointed full guardian of the legally incapacitated individual.

NOTE TO APPLICANT: Within 14 days of your appointment as the temporary guardian, you must send, by first-class mail, a copy of this application, order, and notice to all interested persons and file proof of service with this court.