

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ORDER FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
---	---	---------------------------

Court address Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

Petitioner's name, address and telephone no.

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

Court ORI*	Date of birth	Race	Sex	Address of incapacitated individual where now found
------------	---------------	------	-----	---

\*Court ORI is to be completed by the court.

**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)

\_\_\_\_\_  
Judge/Magistrate/Referee/Deputy clerk signature and date

**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.