

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
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- A** In the matter of \_\_\_\_\_ **XXX-XX-**  
Alleged incapacitated individual Last four digits of SSN
- |               |      |     |   |
|---------------|------|-----|---|
| Date of birth | Race | Sex | Address of alleged incapacitated individual where now found |
|---------------|------|-----|---|
- C** 1. I, \_\_\_\_\_, am interested in this matter  
Name (type or print)  
and make this petition as \_\_\_\_\_.  
State interest/relationship
- D**  2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the person named above has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.
- E** 3. The adult is a resident of \_\_\_\_\_, \_\_\_\_\_ State  
City, village, or township County  
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: \_\_\_\_\_
- F** 4. 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
- G**  5.  The patient advocate designation was not executed in compliance with MCL 700.5506.  
 The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.  
 The patient advocate is not acting consistent with the ward's best interests.
- H** 6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of  
 mental illness.  mental deficiency.  physical illness or disability.  
 chronic intoxication.  chronic drug use.  \_\_\_\_\_.
- I** 7. Specific facts about the adult's recent condition or conduct that lead me to believe the adult needs a guardian are  
(Attach a separate sheet if more space is needed.)  
\_\_\_\_\_  
\_\_\_\_\_
- J** 8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the adult are \_\_\_\_\_.

(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

**K** 9. The adult  is  is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is \_\_\_\_\_.

**L** 10. The alleged incapacitated individual has  
 a spouse whose name and address are listed below.  
 adult child(ren) whose name(s) and address(es) are listed below.  
 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 Attorney General - see instructions for the address of 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.

**M** 11. None of the adults named above is under any legal incapacity except \_\_\_\_\_  
 \_\_\_\_\_  
 Give name, legal incapacity, and representative of the person, if any

**N** 12. **I REQUEST** that the court determine the adult is an incapacitated individual and appoint \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip Telephone no. , who has priority as  
 Priority relationship \_\_\_\_\_ ,  full guardian with all powers provided by statute.  
 limited guardian with the following powers:  
 \_\_\_\_\_

**O**  13. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:  
 \_\_\_\_\_

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

**P** \_\_\_\_\_  
 Attorney signature Date  
 \_\_\_\_\_  
 Attorney name (type or print) Bar no. Petitioner signature  
 \_\_\_\_\_  
 Attorney address Petitioner address  
 \_\_\_\_\_  
 City, state, zip Telephone no. City, state, zip Telephone no.

**Q**  14. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL** In the event the court finds that I require a guardian, I nominate: \_\_\_\_\_  
 Name, address, and telephone no.  
 \_\_\_\_\_  
 Date Signature of alleged incapacitated individual