STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE

Court address _____ **Court telephone no.**

(A) 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 four digits of SSN

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

(B)

Date of birth
  Put DOB in Ref. No. row 1 on MC 97
	Driver's license number
	  Put DLN on Ref. No. row 3 on MC 97
		Race	Sex

Address of alleged incapacitated individual where now found

(C) 1. I, _____ , am interested in this
       Name (type or print)

matter 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 _____ , _____
                         City, village, or township   County   State

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 _____ .

(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.
		Street address			
		City	State	Zip	Telephone No.
	Nominated guardian	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 _____ , ☐ full guardian with all powers provided by statute.
Priority relationship   ☐ 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:

_____

_____

_____

(P) 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.

_____   _____
Date   Petitioner signature

_____   _____
Date   Attorney signature

(Q) ☐ 14. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL**

In the event the court finds that I require a guardian, I nominate _____
                                                                                              Name

_____
Address, city, state, zip   Telephone no.

_____   _____
Date   Signature of alleged incapacitated individual