

INSTRUCTIONS AND COURT PROCEDURE  
FOR PETITION FOR GUARDIANSHIP

- Complete Petition and have doctor/medical health professional or mental health profession complete the Report of Physician or Mental Health Professional and file the documents in Probate Court.
- Pay \$175.00 filing fee.
- Obtain hearing date from Probate Court.
- Complete and file Notice of Hearing form.
- Complete and file Proof of Service form indicating that the Petition and Notice of Hearing have been served on all interested parties.
  - The person requiring the guardianship must be served personally
  - All other parties may be served by first class mail

Prior to the hearing an attorney will be appointed as a Guardian Ad Litem for the alleged legally incapacitated person. The guardian ad litem will interview the person and make a written recommendation to the court. You will be billed separately for the attorney's services.

- Attend hearing
- Pay \$12.00 for certified copy of Letters of Guardianship. (After hearing and after appointment as guardian.)

## Options You Should Know Before Filing a Petition for a Full Adult Guardianship

Sometimes adults need help taking care of themselves and making decisions. Michigan law allows a judge to appoint a "guardian" of an adult in certain situations where help is needed.

A court-appointed guardian can make decisions for the person who needs help. The judge will determine what decisions the guardian can make.

A guardian might be able to decide:

- where the person lives
- what medical care the person should receive
- who will care for the person every day

There are many things you should think about before you file a petition. If at all possible, the adult who needs help should talk to a lawyer to help figure out what is best for him or her.

There are options other than a full guardianship. Not all the options will work for everyone. Some of them will only work if the person is still able to make decisions. Some depend on what help the person may need. A few of these options other than a full guardianship are briefly described here.

### Conservator

A conservator is appointed by a judge to take care of another adult's finances and assets. A conservator is not expected to use his or her own money to support the adult needing assistance. The court can also limit a conservator's authority to certain kinds of decisions for the adult. The conservator:

- manages assets
- pays the bills
- makes general financial decisions for the person

### Durable Power of Attorney

An adult can choose to appoint someone to take care of his or her finances through a financial "durable power of attorney." **The adult** must be of sound mind to sign this document. He or she can:

- limit when this document is effective
- limit what the appointed person can do

Because a durable power of attorney can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

### Health Care Power of Attorney

You will sometimes hear this called a "patient advocate designation" or a "durable power of attorney for health care." It is a document an adult can sign that gives someone else the authority to make care decisions when he or she is not capable. Those decisions could be about:

- health care
- mental health treatment
- living arrangements

The adult can give the "agent" or "patient advocate" as much or as little authority as the person wants. This can include authority to withhold or withdraw life support services. **The adult** must be of sound mind to sign this document and must decide he or she wants it.

Because this document can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

(See Second Page)

### **Do Not Resuscitate Order**

If the adult is an inpatient at a hospital, his or her wishes regarding resuscitation should be discussed with his or her physician as soon as possible.

If the adult is not in a hospital, he or she can sign a document that will refuse CPR (cardiopulmonary resuscitation). This document is known as a "Do Not Resuscitate Order" or "DNR." The adult must be of sound mind to sign this document.

### **Physician Orders for Scope of Treatment (POST) Form**

An adult can work with his or her attending health professional to complete a document that will specify types of medical treatment that are permissible. This document is called a physician orders for scope of treatment (POST) form.

A POST form contains medical orders that are jointly agreed to by the adult and the attending health professional or a patient representative and the attending health professional. A POST form is not intended to be used as a stand-alone advance health care directive. The adult must be of sound mind to sign the form. A POST form may be obtained through the Michigan Department of Health and Human Services.

### **Limited Guardian**

A limited guardian is appointed by a judge to make limited decisions in certain instances. For example, the judge may say that the guardian can only make decisions about living arrangements. A limited guardianship can give a person some independence while providing the specific help needed.

### **Filing a Petition for Full Adult Guardianship**

To ask that a guardian be appointed for an adult, a *Petition for Appointment of Guardian of Incapacitated Individual* (PC 625) must be filed with the court. A judge will appoint a guardian only if the condition of the adult fits specific requirements. The specific conditions that must be met are found in form PC 625, which is available at your local probate court or at [www.courts.mi.gov/formssearch](http://www.courts.mi.gov/formssearch).

# INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL"

Please type or print neatly using black or blue ink.

Items A through Q must be read and filled in (when required) before your petition can be filed with the court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- (A)** Enter the name of the individual who you believe needs a guardian.
- (B)** Enter the date of birth, race, and sex of the individual named in **(A)**. Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the address of the hospital.
- (C)** Enter your name in the first line and your relationship to the individual (or your interest) on the second line.
- (D)** Check this box if there is or has been a case in the family division of the circuit court involving the individual in **(A)**. Examples of a family division case are personal protection, abuse or neglect, or a name change. If you have checked this box, enter the name of the court, the case number of the action, the name of the judge assigned to that case. Then place a check in the box indicating whether that case is still pending or not.
- (E)** Enter the city, village, or township and county and state the individual is a resident of and the full home address and telephone number of the individual.
- (F)** Check the boxes that apply and provide the name(s) and address(es).
- (G)** If the individual has a patient advocate and you believe there is a problem, check only the boxes that apply.
- (H)** Check the boxes that you believe apply to the individual.
- (I)** **Explain in as much detail as possible** specific examples of the individual's conduct that lead you to believe he or she needs a guardian. Give specific examples of his or her conduct that supports what you checked in **(H)** and that demonstrate the need for a guardian. **This information is extremely important for the court in making a decision about the need to appoint a guardian.** Use additional sheets of paper if needed.
- (J)** Enter the name, address, and telephone number of the person or agency who currently has care and custody of the individual. If there is no one, leave blank.
- (K)** Check whether the individual is or is not entitled to receive Veterans Administration benefits. If you checked that the individual is entitled to benefits, enter his or her VA claimant number.
- (L) - (M)** Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. Presumptive heirs includes minor children, if any. If any of the adults named in **(L)** are under legal incapacity, enter the names in **(M)**. If you check the last box in **(L)** (item 10), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- (N)** Enter the name, address, and telephone number of the person you want to be appointed as guardian of the individual. Enter the relationship, if any, that this person has to the individual. Check the box for either a full guardian or a limited guardian.
- (O)** Check the box if there is an emergency requiring the appointment of a temporary guardian before the hearing on this petition is held.
- (P)** Enter today's date, sign your name, and enter your address and telephone number.
- (Q)** If the individual wants to nominate someone to be his/her guardian, check the box and enter the name, address, and telephone number of the person the individual is nominating. The individual must sign and date the form.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF \_\_\_\_\_

PETITION FOR  
APPOINTMENT OF GUARDIAN OF  
INCAPACITATED INDIVIDUAL

FILE NO. \_\_\_\_\_

**A** In the matter of \_\_\_\_\_ Alleged incapacitated individual **XXX-XX-**  
Last four digits of SSN

Date of birth	Race	Sex	Address of alleged incapacitated individual where now found
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**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 \_\_\_\_\_, 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: \_\_\_\_\_

**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 \_\_\_\_\_

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, alleged incapacitated individual

1. I am a licensed  physician.  mental health professional. My speciality is \_\_\_\_\_  
if any

2. I last examined the individual on \_\_\_\_\_

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

\_\_\_\_\_  
\_\_\_\_\_

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

\_\_\_\_\_  
\_\_\_\_\_

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

\_\_\_\_\_  
\_\_\_\_\_

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply  determining where to live.  handling personal financial affairs.  
 consenting to supportive services.  authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is \_\_\_\_\_  
My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

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

\_\_\_\_\_  
Telephone no.

**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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

NOTICE OF HEARING

FILE NO.

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

TAKE NOTICE: A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_,  
Date Time

at \_\_\_\_\_ before Judge \_\_\_\_\_  
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____	_____	Date	_____
Attorney name	Bar no.	Petitioner name	_____
_____	_____	Address	_____
Address	_____	City, state, zip	Telephone no.
City, state, zip	Telephone no.	City, state, zip	Telephone no.

**USE NOTE TO COURT:** If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	<b>PROOF OF SERVICE</b>	FILE NO. _____
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Service fee	Miles traveled	Fee		
\$		\$		
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>	
\$		\$	\$	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

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