



Calhoun County Probate Court
Calhoun County, Michigan

Michael L. Jaconette
Chief Probate Judge

Calhoun County Justice Center
161 E. Michigan Ave.
Battle Creek, MI 49014-4066
269-969-6794
Fax (269) 969-6797

Kristen L. Getting
Court Administrator

Cindy K. Rude
Probate Manager/Register

GUARDIANSHIP FOR ADULTS

Forms filed in the county where the individual resides or where they are currently found:

- 1) Petition for Appointment of Guardian (PC 625)
- 2) Protected Personal Identifying Information (**MC 97**) **for the subject of the petition**
- 3) Acceptance of Appointment (PC 571)
- 4) Addendum to Protected Personal Identifying Information (**MC 97a**) **for the proposed guardian**
- 5) Criminal History Release form (for the proposed guardian)
- 6) Other forms may be required, depending on circumstances

Filing Fee:

\$175 filing fee

\$20 service fee if you want the Court to copy and mail the documents for you

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.

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. Enter the last four digits of that individual's social security number on Ref. No. row 2 on form MC 97.
- B** Enter the date of birth of the individual named in **A** in Ref. No. row 1 and the individual's driver's license number in Ref. No. row 3 on form MC 97, then fill in the race, and sex of the individual. 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 and sign your name.
- 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.

Filing Fee \$175

PCS Code: PEG
TCS Code: PGII

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 _____, 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 _____ .

- 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.
		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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

In the matter of _____
First, middle, and last name

1. I have been appointed _____ of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
not to exceed 91 days

the following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

 Date

 Signature

 Attorney name (type or print) Bar no.

 Name (type or print)

 Attorney Address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

 Put DOB in row 10 on MC 97a.
 Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
	Please add Driver's License Number for the proposed fiduciary in the field marked Other.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other

