

Jackson County Probate Court

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Jackson, MI 49201
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Diane M. Rappleye
Probate Judge

Julie A. Kelley
Probate Register

Emily L. Brennan
Chief Deputy Probate Register

Evelyn Meerman
Deputy Probate Register

Instructions for Application for Appointment of Out-of-State Guardian of Legally Incapacitated Individual

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

The forms included in this packet will initiate the process to allow a guardian of a legally incapacitated adult that has been appointed in another state to be appointed in Michigan. (If you need to be appointed as guardian in another state, you will need to file an action with the court in that state.)

In addition to the forms included in this packet, you **MUST** include a certified copy of your letters of authority from the state where you were appointed.

Upon filing, the Court may appoint you as temporary guardian. You then have 14 days to serve all interested parties with notice of your appointment and their right to object. As soon as you have served all of the interested parties, file a proof of service with the Court. Once proof of service is received by the Court, you will be appointed as full guardian.

Fees

- Filing Fee - \$175.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

Fees cannot be returned if your petition is denied.

Forms

Below, you will find specific instructions for each form contained in the packet.

1. Application and Order for Appointment of Out-of-State Guardian of Legally Incapacitated Individual (PC 685): Complete the entire form.
2. Fiduciary Proof of Identity: Complete this form with all requested information. The information required is the proposed guardian's information. You must attach to the form a clear photo copy of the proposed guardian's driver's license. Even if the proposed guardian is eligible for appointment, Letters of Authority will not be issued unless this form is filed with the Court. This document is only used by the Court. It is not made available to the public.

3. Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed within 14 days.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal of your case.

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF	APPLICATION AND ORDER FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL	FILE NO.
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In the matter of _____, a legally incapacitated XXX-XX-
First, middle, and last name Last four digits of

Court ORI*	Date of birth	Race	Sex	Address of incapacitated individual where now found
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*Court ORI is to be completed by court

1. I _____ am interested in this matter
Name (type or print)
 make this application as the individual's guardian appointed, qualified, and serving in good standing in
2. I am not aware of any guardianship or pending petitions in this state for a guardianship of the individual.
3. An action within the jurisdiction of the family division of circuit court involving the family or family members of _____ has been previously _____ Court, Case _____, was assigned to _____, and remains is no longer
4. The alleged incapacitated individual has
 a spouse adult child(ren) living parent(s) whose name(s) and address(es) are
 no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
 none of the above. (must notify 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.

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

None of these persons are under any legal incapacity _____
Name, incapacity, and representative of the person, if any

5. The individual is is not entitled to receive Veterans Administration benefits. The Veterans number is _____.

(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-

Do not write below this line - For court use only

6. The adult is a _____, _____ County, _____ State
and has a home address and telephone _____
Address _____
City _____ State _____ Zip _____ Telephone no. _____
 The individual is a citizen of the following foreign _____

7. 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

8. The name, address, and telephone number of the person/agency (if any) who currently has care and are _____

9. _____ State _____ Telephone no. _____
Name of court that appointed guardian appointed the guardian for the following

10. **I REQUEST** that the court of this state appoint me guardian of the individual in accordance with the laws
I declare under the penalties of perjury that this application has been examined by me and that its contents are my information, knowledge, and belief.

Attorney signature _____ Date _____
Attorney name (type or print) _____ Bar no. _____ Applicant signature _____
Address _____ Address _____
City, state, zip _____ Telephone no. _____ City, state, zip _____ Telephone no. _____

ORDER APPOINTING GUARDIAN

1. An application for appointment of a guardian of an incapacitated individual was filed in this court along with an of the guardian's letters of appointment in the other state and an acceptance of appointment in this state.

IS IT ORDERED:

2. _____ is appointed temporary guardian of
Name of guardian (type or print)
_____, a legally incapacitated individual, in
Name of individual (type or print)

Date Judge Bar no.

NOTICE TO INTERESTED PERSONS

Unless an objection to the above appointment is filed with the court within 28 days of the order appointing, the 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 copy of this application, order, and notice to all interested persons and file proof of service with this court.

FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: _____

File No. _____

Full Name of Fiduciary

DOB

DL#

Home Address

Own
 Rent

Home Phone (including area code)

City/State/ZIP

Work Phone (including area code)

YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE

Occupation

Work Address

Employer Name

City/State/ZIP

Banking Institution

Address of Bank Branch

Banking Institution

Address of Bank Branch

Personal Reference:

Name

Address

Phone (including area code)

City/State/ZIP

This document is for Court use only and will NOT be part of the public record.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

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	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

Date

Signature

Name (Type or Print)

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