

Jackson County Probate Court

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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 a Minor

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 minor 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 a Minor (PC 684): 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.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**APPLICATION AND ORDER FOR
APPOINTMENT OF
OUT-OF-STATE GUARDIAN OF A MINOR**

FILE NO.

In the matter of _____, a minor **XXX-XX-**
First, middle, and last name Last four digits of SSN

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I, _____, am interested in this matter and
Name
 make this application as the individual's guardian appointed, qualified, and serving in good standing in another state.

2. I am not aware of any guardianship or pending petitions in this state for a guardianship of the minor.

3. The minor was born _____, is female male, is unmarried, resides in _____
Date County
 at _____
Address City/Township State Zip
 and is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip

The minor is a citizen of the following foreign country: _____

4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the above minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

* Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

5. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER				
		Street address	City	State	Zip	Telephone no.
	Parent/DOB _____	Street address	City	State	Zip	Telephone no.
	Parent/DOB _____	Street address	City	State	Zip	Telephone no.
	Conservator	Street address	City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address	City	State	Zip	Telephone no.

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

(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

Do not write below this line - For court use only

6. The minor is a member of an Indian tribe or is eligible for a membership in an Indian tribe. The name of the tribe is

The minor is not an Indian child as defined in MCR 3.002(12).

It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

7. The minor has a conservator. (Specify name and address below).

Name and address

8. _____ State Telephone no.

Name of court that appointed guardian
appointed the guardian for the following reason(s): _____

9. I REQUEST that the court of this state appoint me guardian of the minor in accordance with the laws of this state.

I declare under the penalties of perjury that this application has been examined by me and that its contents are true to the best 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 a minor was filed in this court along with an authenticated copy 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 minor, in this state.

Name of minor (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 date of the order appointing, the temporary guardian shall be appointed full guardian of the minor.

NOTE TO APPLICANT: Within 14 days of your appointment as the temporary guardian, you must send, by first-class mail, a 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.
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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	TOTAL 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