

Jackson County Probate Court

312 S. Jackson St.
Jackson, MI 49201
Phone: 517-788-4290
Fax: 517-788-4291

Instructions for Petition for Appointment of Guardian, Individual with Alleged Developmental Disability

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.

Guardianship of a developmentally disabled person can include authority over the person and the person's estate. Whether the judge decides to grant one or both will depend on the facts of the particular case.

Attorney

An attorney is appointed to represent the individual you are seeking guardianship over. The attorney will meet with the individual before the hearing, and represent the individual at the hearing. There is a \$125 fee (plus mileage if appropriate) for the attorney. At the hearing, the judge will determine who is responsible for paying this fee (this may include the County if no one involved can afford the fee).

Fees

- Filing Fee – There is no filing fee
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
- Attorney Fee - \$125
 - The judge will determine who is responsible for this fee at the hearing.

Forms

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

1. Petition for Appointment of Guardian, Individual with Alleged Developmental Disability (PC 658): Complete the entire form. If you are requesting a temporary guardian, please be as specific as you can about what emergency exists that requires the appointment of a temporary guardian. If you need additional space, you may attach an additional page. A more detailed instruction sheet for this form follows the form in the packet.
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. Report to Accompany Petition to Appoint, Modify or Discharge Guardian of Individual with Developmental Disability (PC 659): This form must be completed by a physician or psychologist. Do NOT fill out this form yourself. This form must be filed with your petition. Please note that if you already have a medical report, this form must be used in addition to that report.

Please note that the term "psychologist" is limited to a psychologist licensed pursuant to the public health code. School psychologists are licensed by the Department of Education and most likely do not meet this requirement.

You must have current evaluations (less than a year old) of the individual's mental, physical, social, and educational condition, adaptive behavior, and social skills. These evaluations must be attached to this report.

4. Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.
5. 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 at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

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 or adjournment of your case.

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

B Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
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C 1. The individual named above, age _____, is a resident of _____,
County
 Michigan, and presently lives with/at _____ at
Name of person or center or facility

Address _____ City _____ State _____ Zip _____ Telephone no. _____

Put DOB in box 1 on MC 97. _____ XXX-XX- Put SSN in box 2 on MC 97. _____
Date of birth Last four digits of SSN

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

D 2. His/her presumptive heirs are as follows: (Attach additional page if needed.)

NAME	AGE	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.

E 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

F 4. I, _____, am interested in this matter and make this petition as
Name (type or print)

State your interest/relationship _____

G 5. A report and evaluation required by law accompanies does not accompany the petition.

H 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following:
1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments;
2) it was manifested before the individual was 22 years old;
3) it is likely to continue indefinitely; and
4) it results in substantial functional limitations in major life activities of
(A minimum of three of the following options must apply and be checked.)
 self-care, receptive and expressive language, learning,
 mobility, self-direction, capacity for independent living,
 economic self-sufficiency,
and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

I 7. The specific nature and extent of the disability is: _____

J 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

K 9. The estimated value of the individual's estate and income are:
Real estate: \$ _____ Personal property: \$ _____
Yearly income: \$ _____ Source of yearly income: _____

I REQUEST THAT:

10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

L 12. The court determine and appoint _____ of
Name

Address _____ City _____ State _____ Zip _____ Telephone no. _____

or appoint some other suitable individual or entity as

a. plenary (full) guardian of the individual estate
 b. partial guardian of the individual estate with the following powers: _____

The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

13. The court authorize the guardian to execute an application for admission to _____
Name of facility
_____ located at _____
Address

14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers
because _____
Describe emergency situation

15. The court appoint _____ of _____ as standby guardian.
Name Address
_____ City State Zip Telephone no.

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's signature

Date

Attorney's signature

**INSTRUCTIONS FOR COMPLETING
"PETITION FOR APPOINTMENT OF GUARDIAN,
INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY"**

Please type or print neatly using black or blue ink.

Items A through N 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 whom you believe needs a guardian.
- B** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- C** 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 a personal protection, abuse or neglect, adoption, name change, or divorce or support action. If the individual is under the age of 19½, the individual may be the subject of a support order if the parents are divorced or a support order was entered. 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 the case. Place a check in the box indicating whether the case is still pending or not.
- D** Enter the date of birth of the individual on the first line, the name of the county the person resides in on the second line, and the name, address, and telephone number of the person, center or facility where the person is currently located. This address and telephone number may or may not be the home of the individual.
- E** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.
- F** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- G** Check the appropriate boxes under this item (not less than three).
- H** Indicate the specific nature and extent of the disability.
- I** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, the individual is unable to make decisions in all aspects of life, such as residential and medical decisions.
- J** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- K** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.
- Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.
- Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.
- L** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- M** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- N** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

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 JACKSON COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
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In the matter of _____, an individual with an alleged developmental disability

1. I, _____, report to the court that:
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: _____

Type: _____

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

5. Guardianship should be modified
 is needed for the following reason(s): _____
 is not needed.

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

The guardian should be authorized to make application to place the individual in

_____ Name or type of facility

Date

Signature of person preparing report

Name of center or agency

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

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.

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).

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 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