

Jackson County Probate Court

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

Instructions for Petition to Terminate or Modify a Guardianship for Developmentally Disabled 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.

Please read all instructions before attempting to complete any paperwork contained in this packet, as you may not need to complete all of these forms in your particular case.

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)
 - New letters will only be issued if you are seeking a modification and it is granted.
- Attorney Fee - \$125
 - The judge will determine who is responsible for this fee at the hearing.

Fees cannot be returned if your petition is denied.

Temporary Guardianship

It typically takes 3-5 weeks to get a hearing on a petition regarding guardianship. If there is an emergency, and you need guardianship authority immediately, you may request a temporary guardianship. This is done by filling out number 9 on the Petition to Modify Guardianship for Developmentally Disabled Individual and checking the box next to “temporary guardian.” Temporary guardianship means authority given to act as the guardian from the time the petition is filed until the hearing date.

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).

Forms

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

1. Petition to Terminate/Modify Guardian for Developmentally Disabled Individual (PC 677):
Complete the entire form.

2. Fiduciary Proof of Identity: This form is only necessary if you are seeking to change from one guardian to another.

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/conservator'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 is only needed if you are seeking to terminate or change the scope of the guardianship (to add or remove authority). It is not needed if you are only seeking to change from one guardian to another. The 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.

Also note, the psychological report cannot be more than one year old at the time of filing.

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 TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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

State interest/relationship

2. The developmentally disabled individual's address and telephone number are _____
Address

City State Zip Telephone no.

3. The guardian's address is _____

City State Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE (if minor)
	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.		

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.

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

REPORT OF PHYSICIAN
OR MENTAL HEALTH PROFESSIONAL

FILE NO.

In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My specialty is _____
if any

2. I last examined the individual on _____

3. Based on that examination and his/her 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 believed 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 may be 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

Approved, SCAO

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.	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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Approved, SCAO

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) _____

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