

## **FILING A PETITION TO TERMINATE/MODIFY GUARDIANSHIP FOR DEVELOPMENTALLY DISABLED INDIVIDUAL**

- Complete the Petition (**PC 677** on bottom left corner of form), don't forget to sign and date the form.
- Keep enough copies of the Petition (**PC677**) to serve on all interested parties as well as keep one for your own records
- Send in the original Petition (**PC677**) \*with the filing fee (\$20 per petition \*ONLY if guardian of ESTATE) to **Ottawa County Probate Court at 12120 Fillmore Street, West Olive, MI 49460**
- You will also receive a Notice of Hearing form (**PC 562**) and a Proof of Service form (**PC 564**), you will need to keep these forms with you until you receive a hearing date and time from the Probate Court
- After you have mailed in the original Petition (**PC677**) with filing fee wait 2-3 business days for delivery and then call 616-786-4110 for a hearing date and time (NOTE: we must have already received your Petition and filing fee before we will give you a hearing date and time)
- Once you are given a hearing date and time from the Court, you will fill out the Notice of Hearing form with the information given to you
- You will then fill out the proof of service **PC564** with file number, name, and title of papers served (which will be a copy of the Petition as well as the completed Notice of Hearing. You will then have to fill in who, when and how you served the interested parties in the case either by mail (must be sent 14 days prior to the date of the hearing) or personal service (must be served 7 days prior to the date of the hearing), sign and date this form and send in the original Notice of Hearing and Proof of Service to the Probate Court (address above) keeping any copies you may need for your own records. (NOTE: **the Court must receive all original paperwork**)

**\*\*PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY TROUBLE FILLING OUT THESE FORMS OR DETERMINING INTERESTED PARTIES, AS COURT STAFF CANNOT GIVE LEGAL ADVICE, THANK YOU\*\***

Ottawa County Probate Court  
12120 Fillmore Street  
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM  
Phone: 616-786-4110  
Website: [www.miottawa.org](http://www.miottawa.org)

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL</b>	<b>FILE NO.</b>
---	--	-----------------

In the matter of \_\_\_\_\_, an individual with a developmental disability

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/DOB (if minor)
	Street address		
	City State Zip Telephone no.		
	Street address		
	City State Zip Telephone no.		
	Street address		
	City State Zip Telephone no.		

5. The reasons why the court should take action are \_\_\_\_\_

**I REQUEST** that the court:

- 6. Terminate
  - a.  all  part of the plenary guardian of the  individual.  estate.
  - b.  all  part of the partial guardian of the  individual.  estate.
- 7. Accept the resignation of the
  - a. plenary guardian of the  individual.  estate.
  - b. partial guardian of the  individual.  estate.
  - c. standby guardian.

(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 form.

Do not write below this line - For court use only

8. Remove the  
 a. plenary guardian of the  individual  estate,  
 b. partial guardian of the  individual  estate,  
 c. standby guardian,  
who  has  has not been suspended.

9. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as  temporary guardian  successor partial guardian  successor plenary guardian  
of the  individual.  estate.

10. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as standby guardian of the  individual.  estate.

11. Modify the powers of the  plenary guardian  partial guardian of the  individual  estate as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Attorney signature  
\_\_\_\_\_  
Name (type or print) Bar no.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Petitioner signature  
\_\_\_\_\_  
Name (type or print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

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 MARK A FEYEN P32369  
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 _____
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

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY OF OTTAWA</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
---	-------------------------	-----------------

In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: PETITION TO TERMINATE/MODIFY GUARDIANSHIP OF DEVELOPMENTALLY DISABLED INDIVIDUAL, NOTICE OF HEARING

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	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
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