

STATE OF MICHIGAN PROBATE COURT COUNTY OF	APPLICATION AND ORDER FOR APPOINTMENT OF OUT-OF-STATE CONSERVATOR	FILE NO.
--	--	-----------------

Estate of _____, a protected individual XXX-XX-
Last four digits of SSN

1. I, _____, am interested in this matter and
Name
 make this application as the individual's conservator appointed, qualified, and serving in good standing in another state.
2. I am not aware of any conservatorship or pending petitions in this state for a conservatorship of the protected individual.
3. The individual was born _____, resides in _____ County
Date
 at _____
Address
 _____ and has property in _____.
City, state, zip County and state or other jurisdiction
 The individual 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 individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.
5. The individual has a power of attorney. (Specify name and address below.)
 a guardian. (Specify name and address below.)
 a representative payee for social security. (Specify name and address below.)

Name and address

6. The protected individual has: (These are interested persons who have a right to receive a copy of this application.)
 a spouse child(ren) descendants whose name(s) and address(es) are listed below.
 if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
 if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
 none of the above. (Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.)

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.

(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

7. None of the persons named above is under any legal incapacity except

Name, incapacity, and representative of the person, if any

8. The individual is currently found at _____
Address or location Telephone no.

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

10. The individual to be protected has an estate approximately valued at:

\$ _____ \$ _____ \$ _____ \$ _____
Real property Personal property Insurance Monthly income

11. The individual to be protected is receiving the following income:

Social Security \$ _____ Veterans Administration \$ _____
 Retirement \$ _____ Other _____ \$ _____
Specify

12. _____
Name of court that appointed conservator State Telephone no.

appointed the conservator for the following reason(s): _____

13. **I REQUEST** that the court of this state appoint me conservator of the individual 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 of 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 CONSERVATOR

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

IT IS ORDERED:

2. _____ is appointed temporary conservator of
Name of conservator (type or print)
_____, a protected individual, in this state.
Name of protected 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 date of the order, the temporary conservator shall be appointed full conservator of the protected individual.

NOTE TO APPLICANT: Within 14 days of your appointment as the temporary conservator, 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.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of _____

1. I have been appointed CONSERVATOR of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility the
not to exceed 91 days

following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

Date

Signature

Attorney name (type or print) Bar no.

Name (type or print)

Attorney address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Date of birth

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

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">NOTICE OF TEMPORARY APPOINTMENT AND OF RIGHT TO OBJECT</p>	<p>FILE NO.</p>
---	--	------------------------

In the matter of _____, a minor

NOTICE OF APPOINTMENT OF TEMPORARY GUARDIAN

1. The court appointed a temporary conservator minor/LII following a hearing on _____ .
Date

Name of guardian

Address

City State Zip

2. The notice period for this hearing had been shortened or eliminated by the court.

3. The next hearing on this matter is _____ .
Date

NOTICE OF RIGHT TO OBJECT TO APPOINTMENT OF TEMPORARY GUARDIAN

TO ALL INTERESTED PERSONS:

You are notified of your right to object to the appointment of the temporary guardian by completing and filing with the court the "Objection to Appointment of Temporary Guardian" at the bottom of this form. The form must be accompanied by a \$20.00 objection fee. If you file an objection to the appointment of a temporary guardian, the court will hold a hearing on your objection within 14 days from the date your objection is filed.

Date

Signature

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this notice on all interested persons by first-class mail addressed to their last-known addresses.

Date

Signature

OBJECTION TO APPOINTMENT OF TEMPORARY GUARDIAN

I object to the appointment of the temporary guardian.

Date

Signature

Name (type or print)

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
--	-------------------------	-----------------

In the matter of _____

1. Titles of the papers served or mailed: APPLICATION AND ORDER FOR OUT-OF-STATE CONSERVATOR,
NOTICE OF TEMPORARY APPOINTMENT AND RIGHT TO OBJECT

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