



<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>APPLICATION AND ORDER FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
--	---	-----------------

In the matter of \_\_\_\_\_, a legally incapacitated individual **XXX-XX-**  
First, middle, and last name Last four digits of SSN

Court ORI*	Date of birth	Race	Sex	Address of incapacitated individual where now found
------------	---------------	------	-----	---

\*Court ORI is to be completed by the court.

1. I, \_\_\_\_\_, am interested in this matter and  
Name (type or print)  
 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 individual.
3. 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.
4. The alleged incapacitated individual has  
 a spouse  adult child(ren)  living parent(s) whose name(s) and address(es) are listed below.  
 no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs\*\* are listed below.  
 none of the above. (must notify the Attorney General\*\*\*)

NAME	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.

\*\*Presumptive heirs includes minor children, if any.

\*\*\*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

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

5. The individual  is  is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is \_\_\_\_\_ .

(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

6. The adult is a resident of \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_ State  
City, village, or township  
and has a home address and telephone number of \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no.

The individual is a citizen of the following foreign country: \_\_\_\_\_

- 7. The adult has  a patient advocate/power of attorney for health care. (Specify name and address below.)  
 a power of attorney. (Specify name and address below.)  
 a conservator. (Specify name and address below.)

\_\_\_\_\_  
Name and address

8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the individual are \_\_\_\_\_.

9. \_\_\_\_\_  
Name of court that appointed guardian \_\_\_\_\_ State \_\_\_\_\_ Telephone no.  
appointed the guardian for the following reason(s): \_\_\_\_\_

10. I REQUEST that the court of this state appoint me guardian 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 GUARDIAN**

1. An application for appointment of a guardian of an incapacitated individual 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.

**IT IS ORDERED:**

2. \_\_\_\_\_ is appointed temporary guardian of  
Name of guardian (type or print)  
\_\_\_\_\_, a legally incapacitated individual, in this state.  
Name of 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 appointing, the temporary guardian shall be appointed full guardian of the legally incapacitated individual.

**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.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

ACCEPTANCE OF APPOINTMENT

FILE NO.

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

1. I have been appointed GUARDIAN \_\_\_\_\_ 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><b>STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p>NOTICE OF TEMPORARY APPOINTMENT AND OF RIGHT TO OBJECT</p>	<p><b>FILE NO.</b></p>
---	---	------------------------

In the matter of \_\_\_\_\_, a minor

**NOTICE OF APPOINTMENT OF TEMPORARY GUARDIAN**

1. The court appointed a temporary guardian of an adult 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

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

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

1. Titles of the papers served or mailed: APPLICATION AND ORDER FOR OUT-OF-STATE GUARDIAN,  
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	<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