APPLICATION FOR ORDER AND APPOINTMENT OF OUT OF STATE GUARDIAN &/OR CONSERVATOR

Effective 01/02/2013, if a guardian or conservator has been appointed in another state, Michigan will recognize their authority. The procedure is as follows:

- Required filings: Application and Order for Appointment of Out-Of-State Guardian: of minor (PC684)-of Legally Incapacitated Individual (PC 685), or Application and Order for Appointment of Out-Of-State Conservator (PC683), and authenticated copy of the guardian/conservator appointment in the other state, and an acceptance of appointment (PC 571).
- 2. Payment of \$175.00 payable to Ottawa County Probate Court.
- 3. The court will issue Temporary Letters of Guardianship/letters of Authority which will expire 28 days after the date of appointment.
- 4. Within 14 days after appointment as temporary guardian/conservator, the guardian/conservator shall give notice to all interested persons of his/her appointment and the right to object to the appointment. Proof of Service (PC 564) & Notice of Temporary Appointment and Right to Object (PC 672)
- 5. Interested parties include but may not be limited to the following:
 - a. The individual to be protected if 14 years of age or older
 - b. Parents of the minor, if neither of them is living, any grandparents and the adult presumptive heirs of the minor.
 - c. Spouse and children of the ward (if not spouse or children, then the heirs at law)
 - d. If known, any person named power of attorney or attorney in fact
 - e. Current guardian or current conservator
 - f. A governmental agency paying benefits to the individual to be protected or before which an application for benefits is pending.
- 6. You must make every effort to obtain addresses for the people you are required to serve, if you do not know an address you must do the following: check the phone book, complete an internet search if possible, contact the Friend of the Court office for a last known address they may have on file, contact any known family members of the person in order to obtain a last known address.
- 7. If an interested party is going to file an objection, it must be filed before the expiration of the 28 days along with a \$20.00 filing fee. The court will then set the objection for hearing.
- 8. If not objection is filed, at the end of the 28 days the court will issue full Letters of Guardianship/Letters of Authority.
 Make Check Payable to: Ottawa County Probate Court Hours: Mon-Fri 8AM-5PM Mail to: 12120 Fillmore St Phone: (616) 786-4110 West Olive, MI 49460 Website: miottawa.org

We also accept Visa and MasterCard credit cards.

STATE OF MICHIGAN PROBATE COURT COUNTY OF

APPLICATION AND ORDER FOR APPOINTMENT OF OUT-OF-STATE GUARDIAN OF LEGALLY INCAPACITATED INDIVIDUAL

FILE NO.

In the matter of First, middle, and last name _____, a legally incapacitated individual XXX-XX-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, Name (type or print) _____, am interested in this matter and 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 ___ remains is no longer was assigned to Judge ______, and 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***) RELATIONSHIP NAME 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. 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

Application and Orde	r for Appt of Out-of-State Guardian	of Legally Incapacitate	d Individual (12/18) Fi	ile No
6. The adult is a r	esident of		, County	State
and has a hom	e address and telephone numb	Der ofAddress		
City		State	Zip	
🗌 The individu	al is a citizen of the following f	oreign country:		
Name and address	☐ a patient advocate/power of ☐ a power of attorney. (Specify ☐ a conservator. (Specify name	y name and address belo		
		the person/agency	(if any) who currently has	care and custody of the individual
9. Name of court that	appointed guardian	Sta	to	Telephone no.
	guardian for the following reaso			·
	Juanual for the following rease			

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

_, a legally incapacitated individual, in this state.

Name of individual (type or print)

Name of guardian (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.

Approved, SCAO			JIS CODE: AOT
STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA	ACCEPTANCE	OF APPOINTMENT	FILE NO.
In the matter of			
1. I have been appointed <u>GUARDIA</u> Type of fiducia	N ıry		of the person/estate.
2. I accept the appointment, submit to	personal jurisdiction of th	ne court, and agree to file re	ports and to perform all required duties.
not to exceed 91 day	/S		from the scope of my responsibility the
following real estate or ownershi	ip interest in a business e	entity: Describe real property or	business interest
because I reasonably believe the	e real estate or other pro	perty owned by the busines	s entity is or may be contaminated by a
hazardous substance, or is or ha	as been used in an activit	ty directly or indirectly invol	ving a hazardous substance that could
result in liability to the estate or o	otherwise impair the valu	e of property held by the es	state.
		<u></u>	
		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

Approved, SCAO		
STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF TEMPORARY APPOINTMENT AND OF RIGHT TO OBJECT	FILE
In the matter of		
NOT	ICE OF APPOINTMENT OF TEMPORARY GUAR	DIAN
1. The court appointed a temporary gu	uardian 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 $\frac{1}{Date}$

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

FILE NO.

_, a minor

MCR 5.403(B)

STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA

FILE NO.

In the matter of

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

NOTICE OF TEMPORARY APPOINTMENT AND RIGHT TO OBJECT

□ 2. According to court rule, I served by □ certified mail (copy of return receipt attached)

first-class mail

st-class mail i registered 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			
\$		\$		Date	
Incorrect address fee	Miles traveled	Fee	TOTALFEE		
\$		\$	\$	Signature	

Name (type or print)

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