

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:

1. 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 MINOR	FILE NO.
--	--	-----------------

In the matter of _____, a minor **XXX-XX-**
First, middle, and last name Last four digits of SSN

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I, _____, am interested in this matter and
Name
 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 minor.

3. The minor was born _____, is female, male, is unmarried, resides in _____
Date County

at _____
Address City/Township State Zip

and is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip

The minor 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
 minor has been previously filed in _____ Court, Case Number _____, was
 assigned to Judge _____, and remains is no longer pending.

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

5. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

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

(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 minor is a member of an Indian tribe or is eligible for membership in an Indian tribe. The name of the tribe is _____ .

The minor is not an Indian child as defined in MCR 3.002(12).

It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

7. The minor has a conservator. (Specify name and address below).

Name and address

8. _____
Name of court that appointed guardian State Telephone no.

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

9. **I REQUEST** that the court of this state appoint me guardian of the minor 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 a minor 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 minor in this state.
Name of minor (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 minor.

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

STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF APPOINTMENT OF TEMPORARY GUARDIAN FOR MINOR AND OF RIGHT TO OBJECT	FILE NO.
--	---	-----------------

In the matter of _____, a minor

NOTICE OF APPOINTMENT OF TEMPORARY GUARDIAN

1. The court appointed a temporary guardian for the minor 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 OTTAWA	PROOF OF SERVICE	FILE NO.
---	-------------------------	-----------------

In the matter of _____

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