

FORMS FOR GUARDIANSHIP OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY

COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS PROCESS PLEASE CONTACT AN ATTORNEY.

Forms must be filled out completely and uploaded to MiFILE (mifile.court.michigan.gov/login). Keep copies for your own record.

Step One: Initial Filing-*No filing fee is due*

Documents Included:

- Petition For Appointment Of Guardian, Individual With Alleged Developmental Disability (PC 658) - In order to begin the guardianship process you will need to upload the completed petition in MiFILE.
- Report To Accompany Petition To Appoint, Modify Or Discharge Guardian Of Individual With Developmentally Disabled. (PC 659) - This form should be completed by the person(s) who completes the psychological testing.

The Petition For Appointment Of Guardian, Individual With Alleged Developmental Disability shall be accompanied by a report. The report shall consist of the following evaluations: Mental, Physical, Social, Educational, Adaptive Behavior, and Social Skills.

Psychological tests upon which an evaluation of the respondent's developmental disability have been based may be performed up to 1 year before the filing of the petition. The testing shall determine the individual's intellectual and adaptive abilities and conclude that a developmental disability, intellectual disability or autism is present. Testing must be completed by a partial or fully licensed psychologist, the evaluation submitted to the Court, and the individual who prepared the evaluation must testify as to the need for the appointment of guardian.

Step Two: Once you have received confirmation from MiFILE that the Court has accepted your petition please complete the following forms.

Documents Included:

- Notice Of Hearing (PC 562) -please call the Court to schedule a hearing date and time.

****The subject of the Petition (the Alleged Developmentally Disabled Individual) is required to attend the hearing****

- Proof Of Service (PC 564) -this form tells the Judge that you sent a copy of the Petition For Appointment Of Guardian, Individual With Alleged Developmental Disability and a copy of the Notice Of Hearing to all interested parties. The original documents need to be submitted to the Court.

Interested parties include but may not be limited to the following:

- Alleged Developmentally Disabled Individual, Ward

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

- Spouse and children of the ward (if not spouse or children, then heirs at law)
- If no known heirs you must notify the Attorney General's office
- Preparer of the report or another appropriate person who performed an evaluation
- To director of any facility in which the respondent may be residing
- The current guardian, proposed and or nominated guardian
- Respondent's Guardian Ad Litem if one has been appointed
- Respondent's legal counsel

Complete the proof of service by filling in the names and last known addresses of each person served under the appropriate heading; by regular mail or electronic service through MiFILE and include the date the service was made. **The Court requires that all interested persons be served the required documents no less than 14 days prior to the scheduled hearing if serving by regular mail and no less than 7 days before the scheduled hearing if serving by hand (in person).** Do not forget to sign and date the bottom of the form.

*****STOP AND PLEASE READ*****

You must make every effort to obtain last known addresses for the people you are required to serve, if you do not know an address you must do the following:

- Complete an internet search, if possible
- Send to last known address
- Contact any known family members of the person in order to obtain a last known address

Once you have completed these steps please fill in Number 4 on Proof of Service.

- Acceptance Of Appointment (PC 571)-This is signed by the proposed guardian(s); this lets the Court know that the person accepts the guardianship and its responsibilities.

Forms Needed for Future Filings:

Documents Included:

- Report To Accompany Petition To Appoint, Modify Or Discharge Guardian Of Individual With Developmental Disability (PC 663) - This report is due to the Court annually.

OTTAWA COUNTY PROBATE COURT
12120 FILLMORE STREET
WEST OLIVE, MI 49460

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STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	FILE NO.
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A In the matter of _____, an individual with an alleged developmental disability

B 1. I, _____, am interested in this matter and make this petition as
Name (type or print)

State your interest/relationship _____

C 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

D 3. The individual named above, born _____, is a resident of _____, Michigan, and presently lives with/at _____ at
Date County Name of person or center or facility

Address City State Zip Telephone no. **XXX-XX-** Last four digits of SSN

The individual is a citizen of the following foreign country: _____

E 4. His/her presumptive heirs are as follows: (Attach additional page if needed.)

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

F 5. A report and evaluation required by law accompanies does not accompany the petition.

G 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following: 1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments; 2) it was manifested before the individual was 22 years old; 3) it is likely to continue indefinitely; and 4) it results in substantial functional limitations in major life activities of (A minimum of three of the following options must apply and be checked.)
 self-care, receptive and expressive language, learning, mobility,
 self-direction, capacity for independent living, economic self-sufficiency,
and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

H 7. The specific nature and extent of the disability is: _____

(PLEASE SEE OTHER SIDE)

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

I 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

J 9. The estimated value of the individual's estate and income are:

Real estate: \$ _____ Personal property: \$ _____

Yearly income: \$ _____ Source of yearly income: _____

I REQUEST THAT:

10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

K 12. The court determine and appoint _____ of
Name

Address City State Zip Telephone no.

or appoint some other suitable individual or entity as

a. plenary (full) guardian of the individual estate
 b. partial guardian of the individual estate with the following powers: _____

The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

L 13. The court authorize the guardian to execute an application for admission to _____
Name of facility

_____ located at _____
Address

M 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers

because _____
Describe emergency situation

N 15. The court appoint _____ of _____
Name Address

_____ as standby guardian.
City State Zip Telephone no.

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.

Signature of attorney

Date

Name (type or print) Bar no.

Signature of petitioner

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY"

Please type or print neatly using black or blue ink.

Items A through N must be read and filled in (when required) before your petition can be filed with the court. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- A** Enter the name of the individual whom you believe needs a guardian.
- B** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- C** Check this box if there is or has been a case in the family division of the circuit court involving the individual in "A." Examples of a family division case are a personal protection, abuse or neglect, adoption, name change, or divorce or support action. If the individual is under the age of 19½, the individual may be the subject of a support order if the parents are divorced or a support order was entered. If you have checked this box, enter the name of the court, the case number of the action, the name of the judge assigned to the case. Place a check in the box indicating whether the case is still pending or not.
- D** Enter the date of birth of the individual on the first line, the name of the county the person resides in on the second line, and the name, address, and telephone number of the person, center or facility where the person is currently located. This address and telephone number may or may not be the home of the individual.
- E** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.
- F** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- G** Check the appropriate boxes under this item (not less than three).
- H** Indicate the specific nature and extent of the disability.
- I** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, the individual is unable to make decisions in all aspects of life, such as residential and medical decisions.
- J** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- K** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.

Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.

Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.
- L** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- M** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- N** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

****Testing Resources for Developmentally Disabled Individuals**

**The Court does not endorse any specific testing facility or individual doctor. The costs involved in testing for a developmentally disabled individual will vary per agency; this list is strictly for informational purposes and contact information only

Mark Jacobson, M.A. 616-990-5556

Cedarbrook Psychological Services (Muskegon) 231-726-3196

Pine Rest Christian Hospital
(Center for Dev. Disabilities, Grand Rapids) 616-281-6354

Ottawa County Community Mental Health
(Holland) 616-393-5681

Steven Griffioen, PHD 616-735-5491

Behavioral Health Solutions
Joe Beachard 616-836-9636

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	Telephone no.
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

STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY, 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	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OTTAWA

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of _____

1. I have been appointed _____ 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

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Do not write below this line - For court use only

<p align="center">STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY</p>	<p>FILE NO.</p>
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In the matter of _____, an individual with an alleged developmental disability

1. I, _____, report to the court that:
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: _____

Type: _____

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

should be modified

5. Guardianship is needed for the following reason(s): _____

is not needed.

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

The guardian should be authorized to make application to place the individual in _____
Name or type of facility
_____ .

Date

Signature of person preparing report

Name of center or agency

Address

City, state, zip

Telephone no.