

## FORMS FOR LIMITED GUARDIANSHIP OF A MINOR

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.courts.michigan.gov/login](http://mifile.courts.michigan.gov/login)). Keep copies for your own record.**

### **Step One: Initial Filing** - *Payment of \$175.00 is due at the time of filing online*

Documents Included:

- Petition for Appointment of Limited Guardianship of Minor (PC 650) - This Petition is filed by the custodial parent(s). In Order to begin the guardianship process you will need to upload the completed petition on MiFILE along with your payment of \$175.00.
  - If the minor is 14 years or older they may nominate a guardian on number 11 of this form. If the minor does not sign the nomination they must be present at the hearing.
- Protected Personal Identifying Information (MC 97) – Enter personal identifying information on this form.
- Minor Guardianship Social History Form (PC 670) – You will need to upload the completed form on MiFILE along with your Petition.
- Limited Guardianship Placement Plan (PC 652) - This form is to be completed by the parent(s) that have completed the petition; this outlines the steps to be taken before attempting to terminate a guardianship if granted. The form is also signed by the proposed guardians on page two. You will need to upload the completed form on MiFILE along with your Petition.

**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.
- Proof of Service (PC 564) -this form tells the Judge that you sent copies of the Petition to Appoint Guardian and Notice of Hearing to all interested parties. Please make all necessary copies of your petition and notice of hearing (including one for yourself and one for each interested party). Interested parties include but may not be limited to the following:
  - The minor, if 14 years of age or older

OTTAWA COUNTY PROBATE COURT  
5:00pm  
12120 FILLMORE STREET  
WEST OLIVE, MI 49460

Hours: Mon-Fri 8:00 am-  
Phone: 616-786-4110  
Website: [www.miottawa.org](http://www.miottawa.org)

- If known by the petitioner or applicant, each person who had the principal care and custody of the minor during the 63 days preceding the filing of the petition or application
- The parents of the minor or, if neither of them is living, any grandparents and the adult presumptive heirs of the minor
- The current guardian, proposed and or nominated guardian
- If known by the petitioner or applicant, a guardian or conservator appointed by a court in another state to make decisions regarding the person of a minor

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.
- Addendum to Protected Personal Identifying Information (MC 97a) – Enter personal identifying information on this form.

**Forms Needed for Future Filings:**

Documents Included:

- Annual Report of Guardian on Condition of Minor (PC 654) – This report is due to the Court annually.

OTTAWA COUNTY PROBATE COURT  
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## **GUARDIANSHIP OF A MINOR CHILD**

### **Q AND A**

**Q. Someone has left a minor child (under age 18) with me, has not returned, and I am caring for this child. What should I do to protect myself and this child?**

**A.** If you know where the parents are, you can ask for them to grant you a Power of Attorney (POA). This is a document that will give you the power to provide for the care of the child. A POA will be good for up to 6 months. The POA should be typed or hand written in ink and should be signed and dated by the parents. If the parents do not want to give you a POA or you cannot find the parents then you may want to contact the Ottawa County Probate Court for information about obtaining guardianship (616-786-4110).

**Q. Are there different types of guardians? What types?**

**A.** The Court can appoint a temporary, full or limited guardian.

Temporary guardianship is granted due to an emergency pending a hearing to appoint a full guardian. This is done on a case by case basis. You may contact the Probate Court to determine if this is appropriate for your case.

A full guardian is a person who cares for a child in place of the parent. The child must be living with the proposed guardian at the time the petition is filed. This type of guardianship can continue up until the child turns 18, but can also be reviewed, modified or terminated by filing a petition to modify or terminate guardianship by the parents, guardians or other interested parties of the child.

Limited guardianship is a guardianship that is established at the request of the custodial parent and includes a limited guardianship placement plan that outlines the efforts that the parent(s) must make before attempting to dissolve the guardianship. The limited guardianship is a temporary suspension of parental rights. If the parents do not complete the requirements of the placement plan the guardians may ask for a termination of parental rights and adoption of the child. Therefore, the parents should be very committed to completing the steps of the placement plan.

**Q. What are some of the issues I should consider before trying to obtain guardianship?**

**A.** While guardianships are meant to be temporary, it is entirely possible that you could be taking care of the child until age 18. Look carefully at your options and make sure you are willing and able to care for the child on a full time basis. If you think you may need assistance in caring for the child medically

or financially you should contact your local Department of Human Services to inquire about assistance that may be available to you.

**Q. What criteria does the Probate Court utilize in deciding who should be a guardian for a minor?**

**A.** The Court is interested in establishing that the candidate does not have a serious criminal record. The Court will want to satisfy itself that the candidate generally understands the responsibilities to be imposed upon them as guardian and that they are committed to looking out for the minor's best interests and well being.

**Q. How do I get the Probate Court to appoint me the guardian of a child?**

**A.** You must file a Petition to Appoint Guardian of a Minor; packets of forms are available at the Probate Court (12120 Fillmore St., West Olive MI 49460) as well as the LSHC (Legal Self Help Center, 414 Washington, Grand Haven MI 49417) or can be completed and printed from the following websites; [www.miottawa.org](http://www.miottawa.org), <http://courts.michigan.gov/scao/courtforms/index.htm> There is a fee of \$150.00 to file per petition (per child). Contact the Court directly with any procedural (non-legal) questions you may have.

**Q. What do I do once the forms are completed?**

**A.** You will file all original paperwork with the Probate Court. Please refer to the cover page of the packet of forms you received from the Court or visit our website [www.miottawa.org](http://www.miottawa.org) for a copy of the procedural instructions for filing for guardianship of a minor.

**Q. What should I expect at my Court hearing?**

**A.** Probate Court hearings are typically scheduled on Mondays and can be scheduled for anytime between 8 a.m. and 4:00 p.m. You should arrive to the Probate Court on time, dressed neatly, and with any and all documents and/or persons you wish to present to the Court. Check in with the clerk at the Probate Court window to let them know that you are present and ready for your hearing. The clerk will then direct you to the appropriate Courtroom. Unless otherwise directed by the Judge, after your hearing you should quietly exit the Courtroom and wait in the lobby while your paperwork is being processed. Once your copies of the documents are prepared they will be presented to you in the lobby by staff.

OTTAWA COUNTY PROBATE COURT    PHONE: 616-786-4110  
12120 FILLMORE STREET                WEBSITE: [www.miottawa.org](http://www.miottawa.org)  
WEST OLIVE, MI 49460

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR</b>	<b>CASE NO. and JUDGE</b>
Court address		Court telephone no. <b>616-786-4410</b>

In the matter of \_\_\_\_\_  
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I am interested in this matter and make this petition as custodial parent of the minor.

2. The minor is currently \_\_\_\_\_, is ☐ female, ☐ male, is unmarried, resides in \_\_\_\_\_  
Age County  
at \_\_\_\_\_  
Address City/Township State Zip  
and is presently located in \_\_\_\_\_ at \_\_\_\_\_  
County Address (only if different than above)

City/Township State Zip

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

3. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	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

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

4. ☐ 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).
- ☐ 5. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and ☐ remains ☐ is no longer pending.
6. The welfare of the minor will be served by the appointment.
7. A proposed limited guardianship placement plan is attached.

**I REQUEST:**

8. \_\_\_\_\_ whose address is \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City/Township State Zip Telephone no. be appointed limited guardian of the minor.

9. Other: \_\_\_\_\_  
\_\_\_\_\_

**10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.**

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent

\_\_\_\_\_  
Signature of custodial parent

NOTE: If both parents have custody, each must sign.

- ☐ 11. I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian  
Name  
who lives at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of minor

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b> <b>OTTAWA COUNTY</b>	<b>PROTECTED PERSONAL</b> <b>IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address  
12120 FILLMORE STREET, WEST OLIVE, MICHIGAN, 49460

Court telephone no.  
616-786-4110

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**
**MINOR GUARDIANSHIP  
SOCIAL HISTORY**
**FILE NO.**

**USE NOTE:** File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

**Parent and Minor Child Information:**

Name of minor		Minor's birth date		Last 4 digits of Minor's SSN	
Minor's present address		City		State	Zip
Parent's name		Parent's birth date	Parent's name		Parent's birth date
Father's name on minor's birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Paternity established through court proceedings If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County			
Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No		Minor's parents divorced from each other If yes, specify county of divorce <input type="checkbox"/> Yes <input type="checkbox"/> No _____ County			
Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker) <input type="checkbox"/> Child <input type="checkbox"/> Parent(s): _____ Victim of domestic violence <input type="checkbox"/> Child <input type="checkbox"/> Parent(s): _____ Had contact with the protective services unit of MDHHS <input type="checkbox"/> Child <input type="checkbox"/> Parent(s): _____ Experienced a substance abuse problem <input type="checkbox"/> Child <input type="checkbox"/> Parent(s): _____ Experienced a mental health problem					
Name of school child attends (specify if home schooled)					
Describe child's school attendance, behavior, and grades					
Describe child's relationship and extent of contact with parent(s)					
If the child is a member of an Indian tribe, or is eligible for membership in an Indian tribe and is a biological child of a member of an Indian tribe, list the child's tribal affiliation.					

**Proposed Guardian Information:**

Name of proposed guardian (including any prior names)		Birth date		Driver's license no.		Last 4 digits of SSN	
Present address		City		State	Zip	Length of time at this address	
Relationship to minor		Home phone no.	Work phone no.	Cell phone no.	Best number to call between 8:00 a.m. and 5:00 p.m.		
Guardianship of any other minor		If yes, give name and file numbers of each minor child					
Occupation		Employer's name and telephone no.				Length of time with this employer	
Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker) <input type="checkbox"/> Victim of domestic violence <input type="checkbox"/> Had contact with the protective services unit of MDHHS <input type="checkbox"/> Experienced a substance abuse problem <input type="checkbox"/> Experienced a mental health problem							
Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none <input type="checkbox"/> None							

**Proposed Guardian Questionnaire:** (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.
2. Do the parents agree with this guardianship?    ☐ Yes    ☐ No    If no, explain.
3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check ☐ none.
4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check ☐ none.
5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.
6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.
7. Describe the sleeping space you have in your home for this child.
8. Indicate how many other children live in your home.
9. Describe the methods of discipline you would use to control this child.
10. Provide the full name and date of birth of every adult living in the home.
11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.
12. Specify any other information you believe would be helpful to the court.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature

**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.

**Meeting ID#: 2790291001**

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.

**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

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b>	<b>LIMITED GUARDIANSHIP</b> <b>PLACEMENT PLAN</b>	<b>CASE NO. and JUDGE</b>
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Court address

Court telephone no.

In the matter of

First, middle, and last name of minor

**Special Note in Completing Form:**

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

☐ This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- ☐ To enable my child to attend school in the proposed guardian's school district.
- ☐ To provide health insurance through the proposed guardian.
- ☐ I will be or am incarcerated until \_\_\_\_\_ .
- ☐ I am currently without housing adequate for my child.
- ☐ I am unable to care for my child because of my health.
- ☐ I am unable to care for my child because of my mental instability.
- ☐ I desire an alternative to action recommended by child protective services.
- ☐ I have lost substantial control of my child's behavior.
- ☐ I need to improve my parenting skills.
- ☐ The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- ☐ To comply with the requirement of the ☐ Reserves. ☐ Armed Forces.
- ☐ Other: \_\_\_\_\_

**FOR COURT USE ONLY**

Approved:

Judge signature and date

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

☐ I will visit my child on: (please mark each day you plan to visit)

\_\_\_ Su \_\_\_ M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sa

from: (please specify the time) \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

☐ I will visit my child \_\_\_\_\_ times each ☐ week. ☐ month.

☐ Visits will occur at ☐ my residence. ☐ the proposed guardian's residence. ☐ \_\_\_\_\_ .

☐ Telephone contact will take place ☐ daily. ☐ weekly. ☐ monthly. ☐ \_\_\_\_\_ .

☐ Letters will be sent ☐ daily. ☐ weekly. ☐ monthly. ☐ \_\_\_\_\_ .

☐ I will attend my child's school conference provided I receive timely notice of the conference.

☐ I will attend counseling with my child.

☐ I will participate in and arrange positive outings with my child ☐ daily. ☐ weekly. ☐ monthly. ☐ \_\_\_\_\_ .

☐ I will provide transportation for my child for \_\_\_\_\_ .

☐ I will attend all doctor/dental appointments for my child (excluding emergencies).

☐ Transportation to and from visits with my child will be the responsibility of \_\_\_\_\_ .

☐ Collect telephone calls will be accepted at number \_\_\_\_\_ .

☐ Other: \_\_\_\_\_

3. Financial support will be made by me as follows:

☐ Health insurance coverage through \_\_\_\_\_ .

Policy numbers are \_\_\_\_\_ .

☐ School lunch money, clothing, supplies.

☐ Car insurance.

☐ \$ \_\_\_\_\_ each month for room, board, miscellaneous expenses to be paid at month's ☐ end. ☐ beginning.

☐ I will pay for counseling.

☐ I will pay for transportation to and from visits.

☐ I will provide food for my child as follows: \_\_\_\_\_

☐ I will pay for babysitting as follows: \_\_\_\_\_

☐ Other: \_\_\_\_\_

4. My plan is for the limited guardianship to continue until:

- ☐ The end of the current school year.  
☐ ☐ I graduate ☐ my child graduates from high school.  
☐ I am able to provide a drug-free household.  
☐ I complete parenting classes.  
☐ I am no longer ☐ incarcerated. ☐ on parole/probation.  
☐ I am gainfully employed.  
☐ I have established myself in a new residence.  
☐ I have successfully completed drug or alcohol inpatient/outpatient treatment.  
☐ I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.  
☐ I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.  
☐ I have successfully completed psychological counseling.  
☐ My child can accept my parental authority.  
☐ I complete my ☐ G.E.D. ☐ job training.  
☐ I no longer cohabit with individuals.  
☐ I cooperate with a domestic assault program.  
☐ I have health insurance coverage for my child.  
☐ I have completed my obligation to the Reserves or Armed Forces.  
☐ Other: \_\_\_\_\_

5. I also agree as follows: \_\_\_\_\_

**As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.**

_____ Date	_____ Date
_____ Signature	_____ Signature
_____ Name of custodial parent (type or print)	_____ Name of custodial parent (type or print)
_____ Address	_____ Address
_____ City, state, zip	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.

**AGREEMENT AND ACCEPTANCE OF APPOINTMENT BY LIMITED GUARDIAN**

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

_____ Date	_____ Date
_____ Signature	_____ Signature
_____ Name of proposed guardian (type or print)	_____ Name of proposed guardian (type or print)
_____ Address	_____ Address
_____ City, state, zip	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.
Put DOB and DLN in Ref. No. row 10 on MC 97a.	Put DOB and DLN in Ref. No. row 11 on MC 97a.
_____ Date of birth	_____ Date of birth
_____ Driver's license no. or other identification	_____ Driver's license no. or other identification

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

- ☐ 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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
<b>Court address</b> 12120 FILLMORE ST WEST OLIVE, MI 49460		<b>Court telephone no.</b> 616-786-4110

In the matter of \_\_\_\_\_  
First, middle, and last name

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  
not to exceed 91 days  
the 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.
		Put DOB in row 10 on MC 97a.	
		Date of birth	

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other