

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

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). Keep copies for your own record.

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

Documents Included:

- Application and Order for Appointment of Out-of-State Guardian of Legally Incapacitated Individual (PC 685) - In order to begin the conservatorship process you will need to upload the completed petition on MiFILE along with your payment of \$175.00

Step Two: Once your application has been accepted by the Court, the Court will issue **Temporary Letters of Guardianship which will expire 28 days after the date of appointment.**

Step Three: Once you have received confirmation from MiFILE that the Court has accepted your petition and you have received the Temporary Letters of Guardianship please complete the following forms.

Documents Included:

- Notice of Temporary Appointment and Right to Object (PC 672) – this form must be served upon interested parties within 14 days after appointment as temporary conservator.
- Proof of Service (PC 564) -this form tells the Judge that you sent copies of the Application and Order for Appointment of Out-of-State Guardianship of Legally Incapacitated Individual and Notice of Temporary Appointment and Right to Object to all interested parties. Please make all necessary copies of your petition and Notice of Temporary Appointment and Right to Object (including one for yourself and one for each interested party). Interested parties include but may not be limited to the following:
 - Alleged incapacitated individual or the incapacitated individual
 - If known, a person named as attorney in fact under a durable power of attorney
 - Spouse and children of the ward (if no spouse or children, then the heirs at law)
 - If no known heirs you must notify the Attorney General's office
 - The person who has the care and custody of the alleged incapacitated individual or of the incapacitated individual
 - The current, proposed and or nominated guardian
 - If known by the petitioner or applicant, a guardian or conservator appointed by a court in another state to have care and control of the incapacitated individual
 - If the adult is a veteran, the Veteran Administration needs to be notified

Completed 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

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

the service was made. **The Court requires that all interested persons be served the required documents within 14 days after appointment of Temporary Guardian.** 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 out-of-state guardian and or proposed guardian (s); this lets the Court know that the person accepts the guardianship and its responsibilities.

Step Four: If an interested party is going to file an Objection, it must be filed before the expiration of the 28 days along with \$20.00 filing fee. The court will then set the Objection for hearing.

If no Objection is filed, at the end of 28 days the Court will issue Full Letters of Guardianship

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

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<p>STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p>NOTICE OF TEMPORARY APPOINTMENT AND OF RIGHT TO OBJECT</p>	<p>FILE NO.</p>
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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

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: 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	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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