

## FORMS FOR FILING PETITION TO TERMINATE/MODIFY CONSERVATORSHIP OF ADULT

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 \$20.00 is due at the time of filing online*

Documents Included:

- Petition to Terminate/Modify Conservatorship of Adult or Minor (PC 676) – In order to begin termination or modification of conservatorship of minor you will need to upload the completed petition on MiFILE

**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 Terminate/Modify Conservatorship of Adult 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 individual to be protected if 14 years of age or older
  - 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
  - If known, any person named power of attorney or attorney in fact
  - The current conservator, proposed and or nominated conservator
  - Any government agency paying benefits in care of the individual for which an application may be pending
  - If known by the petitioner or applicant, a guardian or conservator appointed by a court in another state to manage the protected individual's finances
  - If the adult is a veteran, the Veteran Administration needs to be notified

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\*\*\***

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](http://www.miottawa.org)

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

Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
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1. I am interested in this estate as \_\_\_\_\_  
State relationship/interest
2. The protected individual's address and telephone number are \_\_\_\_\_.
3. The protected individual has a conservator whose address is \_\_\_\_\_ and has  
☐ a spouse whose name and address are listed below.  
☐ child(ren) whose name(s) and address(es) are listed below.  
☐ descendants of deceased children whose name(s) and address(es) are listed below.  
☐ if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.  
☐ if none of the above, presumptive heirs whose name(s) and address(es) are listed below.  
☐ none of the above (must notify the Attorney General\*).

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE (if minor)
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		

\*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are \_\_\_\_\_

\_\_\_\_\_

**I REQUEST** that the court:

- ☐ 5. Terminate the conservatorship.  
☐ 6. Accept the conservator's resignation.  
☐ 7. Remove the conservator who ☐ has ☐ has not been suspended.

☐ 8. Appoint \_\_\_\_\_  
Name (type or print) Address  
City State Zip Telephone no.  
as successor conservator.

☐ 9. Appoint \_\_\_\_\_  
Name (type or print) Address  
City State Zip Telephone no.  
as temporary conservator pending appointment of a successor.

☐ 10. Modify the powers of the conservator as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

☐ **NOMINATION BY MINOR:**

I am 14 years of age or older. I nominate \_\_\_\_\_ as conservator, who lives  
Name  
at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

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

**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)

**PETITION TO TERMINATE OR MODIFY CONSERVATORSHIP OF ADULT**  
Petition To Terminate and/or Modify Conservatorship of Adult

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 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>		<b>Court telephone no.</b>

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)	
_____ Address	
_____ City, state, zip	_____ Telephone no.
_____ City, state, zip	
_____ Telephone no.	
_____ Put DOB in row 10 on MC 97a.	
_____ Date of birth	

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

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 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.	<b>Instructions:</b> 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