

FORMS FOR FILING PETITION TO TERMINATE/MODIFY 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 \$20.00 is due at the time of filing online*

Documents Included:

- Petition to Terminate/Modify Guardianship of Legally Incapacitated Individual or Minor (PC 675) - In order to begin termination or modification of guardianship of Legally Incapacitated Individual 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 Guardianship of Legally Incapacitated Individual 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:
 - 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 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 have care and control of the incapacitated individual.
 - 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.

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

*****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.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

Court ORI	Current age of ward	Race	Sex	Current address of ward
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Petitioner's name, address, and telephone no.

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

1. I am interested in this matter as _____
State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses 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.

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

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

2. (continued)

c. If this guardianship is terminated, the minor child will be returned to _____
_____.

3. The incapacitated individual, whose telephone number is _____, has a guardian whose

address is _____ and has

a spouse adult child(ren) living parents 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.
	Guardian	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.

4. The reasons why the court should take action are _____
_____.

I REQUEST that the court:

5. Terminate the guardianship.

6. Accept the guardian's resignation.

7. Remove the guardian who has has not been suspended.

8. Appoint _____
Name (type or print) Address

City State Zip Telephone no.

as successor guardian.

9. Appoint _____
Name (type or print) Address

City State Zip Telephone no.

as a temporary guardian pending appointment of a successor.

10. Modify the powers of the guardian 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 my guardian, 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 _____
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.

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	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by **email/** 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

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

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