MINUTES OF THE MEETING OF THE COUNCIL
OF THE PROBATE AND ESTATE PLANNING SECTION

September 27, 2008    9:15 a.m.
University Club, East Lansing, Michigan

I. The meeting was called to order by the newly elected chair, Nancy L. Little at 9:15 a.m.

II. A. Council Members Excused:

Robert P. Tiplady II
Hon. Kathryn A. George
Amy N. Morrissey
Thomas F. Sweeney
David J. Kerr
Robin D. Ferriby
Richard J. Siriani

B. Council Officers and Members Present:

Nancy L. Little       George W. Gregory
Harold Schuitmaker    Mark K. Harder
Douglas A. Chalgian
William J. “Josh” Ard   Shaheen I. Imami
Ellen Sugrue Hyman    Hon. David M. Murkowski
Marilyn A. Lankfer    Robert M. Taylor
Patricia M. Ouellette
James B. Steward
Rebecca A. Schnelz
Marlaine C. Teahan

C. Others Present:

Melisa Mysliwiec       Doug Mielock
Mark Pasquali          Derek Walters
Phil Harter            Michael S. McClory
Jeanne Murphy          Rhonda Clark
Ken Seavoy             J. R. McGraw
Dan Marsh              Mark Kellogg
Kristin Arnett         Susan Allan
III. Introduction of Guests: All attendees, including guests, introduced themselves.

IV. Secretary’s Report: The minutes of the June 21, 2008 meeting were approved.

V. Treasurer’s Report: The attached Treasurer’s report, prepared by George W. Gregory, was circulated, discussed and approved.

VI. Chairperson’s Report: Nancy Little said that the next meeting would be at Genoa Woods as it was traditional that the meeting would be held in the “hometown” of the incoming Chair. A cookout at her home would follow the meeting and she encouraged people to RSVP so she would have enough food. Nancy Little circulated proposed committee and other assignments. There will also be a new Committee – Publicity. Thomas Sweeney will chair it. We are looking for a sponsor for the speakers’ dinner at the annual Probate and Estate Planning Institute. A discussion followed about how much “presence” the sponsor should have at the meeting. The consensus appeared to the that it is acceptable for the sponsor to spend a few minutes on who they are and what they do. Last year Greenleaf Trust paid about $6,000. They gave a talk and brought staff. Generally, those at the meeting found this a good idea and acceptable performance. Jeanne Murphy indicated she would get back to us about ICLE policies. Upon a motion made by Mark Harder and seconded by Shaheen Imami, it was:

RESLOVED: Douglas Chalgian, as the person in charge of the 49th Annual Probate and Estate Planning Institute shall seek out a potential sponsor for the speakers dinner held in connection with the Institute.

Nancy Little reported that Sebastian Grassi had sent information about Irrevocable Life Insurance Trust legislation regarding trustees responsibilities. A discussion about a referral to the Committee on Special Projects or the Uniform Trust Code Committee followed. The consensus was that it should be referred to the Uniform Trust Code Committee and Nancy so referred it. Josh Ard mentioned that it would be appropriate to contact the new Insurance Section of the State Bar of Michigan.

VII. Report of the Committee on Special Projects: No report.
VIII. Standing Committee Reports –

A. Internal Governance

1. **Budget** – George W. Gregory, chair, reported that he had sent information to Mark K. Harder which he thought would be useful in drafting a budget, and that there might be a new budget for the upcoming year as early as the next meeting.

2. **Bylaws** – Marilyn Lankfer, chair, no report.

3. **Michael Irish Award** – Nancy Little explained the background of and criteria for the award.


5. **Nominations** – Michael J. McClory, chair: No report.

6. **Relations with the State Bar** – Thomas F. Sweeney, chair: Mike McClory reported that there was an upcoming teleconference and that he was on the Representative Assembly.


B. Education & Advocacy Services for Section Members

1. **Amicus Curiae** – Ellen Sugrue-Hyman, chair. Douglas G. Chalgian has a case on Appeal to the Michigan Court of Appeals. Many thought it was wrongly decided, but the consensus was that it was premature for the Section to be involved. (Written report to follow.)

2. **Continuing Education & Annual Probate Institute** – Douglas G. Chalgian, chair. Doug Chalgian reported that Jeanne Murphy and Jeff Kirkey have been very helpful. Their may be an answer to the question of whether or not the 2001 Tax Act which called for a one year repeal of the tax followed by a return to a $1 million dollar exemption would actually become the law in 2010 and 2011. Mark K. Harder will present on the Uniform Trust Code. John Cameron will present on real estate topics for Probate Attorneys.
3. **Section Journal** - *Nancy L. Little, chair*: Nancy Little reported that the current issue is in the works and will be out in the next couple of weeks.


6. **Electronic Communication** – *William “Josh” Ard, chair*. We have additional space on the web site. A discussion of the newsletters used by the Business Law Section, Real Estate Section and other Sections followed. George Gregory will follow up with the State Bar.


C. **Legislation and Lobbying**

1. **Legislation** - *Harold Schuitmaker and John R. Dresser, co-chairs*: Josh Ard described incapacitated person legislation. The Section opposed earlier drafts. The latest draft solved some of the problems. More work will be done and Josh plans on participating. Pamphlets were discussed. Judge Murkowski thought education was a good idea as well. Probate Judges have opinions on this legislation as well. Nancy Little saw it as two separate issues: (1) pamphlet to explain rights and procedural steps needed, and (2) the pending legislation. She saw the pending legislation as affecting both EPIC and the Mental Health Code. Ken Seavoy saw this type of pamphlet as a service to members, which is a change in the traditional mission of the Pamphlet Committee. It was suggested that Ellen Sugrue Hyman coordinate with Thomas Sweeney. Becky Bechler stated nothing was likely to happen this year, except that the "lame duck" session (after the election, but before the new legislators took their seats) was unpredictable.

Douglas C. Chalgian suggested that the Probate Section coordinate with the Elder Law Section who will probably work on its own materials. Working with them would probably be better than changing the mission of the Pamphlet Committee.
2. **Michigan Trust Code** - *Mark K. Harder, chair.* Nancy Little commended Mark Harder and the Committee on their hard work and results. Mark Harder reported Arizona (who previously adopted and repealed the UTC) had adopted the UTC, making 21 states to adopt the UTC. Three states are pending adoption. The committee has had communications with the Probate Judges Association and the Michigan Bankers Association. He has met with Senator Wayne Kuipers (30th District) about the UTC. The Section position has been sent to the Legislative Service Bureau. Mark Harder has a blueback, but has not had a chance to compare it to what we sent to them. He plans on putting together a short summary of the highlights. The Michigan Trust Code may get introduced this year just to see if someone is interested that was not anticipated. Presentations are tentatively being done for the Annual Institute.

Judge Murkowski, chair of the “Ad Hoc Committee on the Trust Code of the Michigan Probate Judges Association,” stated that the Probate Judges have a number of issues. He is in the process of summarizing them for the Michigan Probate Judges Association.


D. **Ethics, Professionalism and Standards**

1. **Ethics** – *J. David Kerr, chair.* No report.


4. **Practice Management** – *Patricia M. Ouellette, chair.* No report.

E. **Administration of Justice**

1. **Contested and Uncontested Probate Proceedings** - *Shaheen I. Imami and Douglas G. Chalgian, co-chairs.* Judge Harter discussed rules which were sent to the Michigan
Supreme Court three years ago. Some were controversial. Some were not. He suggested that the Section resubmit the beneficial ones which were not controversial.

2. **Uniformity of Practice** – *Derek A. Walters, Chair.* No report.

**F. Practice Issues, Related Areas & Liaisons**


6. **Court Rules and Forms** – *Marlaine Teahan, chair.* Harold Schuitmaker serves on the SCAO committee. There is an involved procedure for nominating. We used to have two people from the Section on the Committee. Marlaine has been to its only meeting. There is also a rules committee. It has an involved procedure as well. For the first time, we have no one from the section involved in drafting rules for Probate Court. They have also abolished the standing committees.

Harold reported that there have been various changes to the venue forms, Letters of Authority, Homestead Allowance, Inventory, Notice of Deficiency, Guardianship and Conservatorship, Annual Report of Guardian, Petition to Terminate, Petition for Protective Order, Petition for Approval of Sale of Real Estate, Child Placements and others. Upon the request of the Secretary, George Gregory, he stated he would send them to him so they could be circulated to the Council.

7. **Elder Law/Elder Law Section Liaison** – *Amy Tripp:* No report.

8. **Family Law/Family Law Section Liaison** - *Patricia M. Ouellette:* No report.

9. **Real Property Law/Real Property Section Liaison** – Vacant. Dan Marsh volunteered to be the liaison.
10. **Tax Section Liaison** – *Lorraine F. New, Chair.* Lorraine F. New reported that the Taxation Section is investigating getting involved with legislation.

11. **State Bar Liaison** – *Richard Siriani:* No report

12. **Trust/Michigan Bankers Association Liaison** – *Susan Allan:


IX. **Other Business:**

Comments were solicited and made, but none resulted in a resolution by the Council.

X. **Hot Topics:**

XI. **Adjournment** - the meeting was adjourned at 11:45 am.

Respectfully submitted,

George W. Gregory
Memorandum

To: Probate and Estate Planning Council Members
From: Ellen Sugrue Hyman, Melissa Mysliwiec and Derek Walters,
Amicus Curiae Committee Members
Date: September 26, 2008
Re: In the matter of Jean G. Hogberg

Introduction
Doug Chaigian requested that The Probate Council consider filing an amicus brief or a statement of concurrence in the appellant’s brief in the matter of Jean G. Hogberg. There are two appeals: the appeal for the conservatorship issues goes to the Court of Appeals. The appeal for the guardianship issues goes to the Circuit Court. This case presents very critical issues of when a probate court can assert jurisdiction over a non-resident and appoint guardians and conservators for that individual. The Amicus Committee reviewed Doug’s brief on the conservatorship issue and conferred by e-mail. Ellen also consulted Shaheen. The recommendation of the Amicus Committee is that, although the case presents very important issues, it is premature for the Council to take a position or file an Amicus brief in this matter. The committee has decided that after the Court of Appeals makes a decision, the committee should once again review and consider the matter.

Facts
This case involves a woman, Jean Hogberg, who executed valid estate planning documents in the early 1990s including a Trust and a Durable Power of Attorney for Financial Matters. In all of the documents, she appointed her daughter, Linda, as fiduciary and nominated Linda to serve as guardian and conservator if either was determined to be necessary. In 2008, after husband died the previous year, Jean, who was experiencing Dementia, moved to Colorado and stayed with her daughter, Linda, while they looked for an appropriate place for her to live in Colorado. When a suitable situation was found, Jean’s other daughter, Susan, came to Colorado to help her move. While her mother was living in Colorado, Susan filed for guardianship and conservatorship of her mother in Oakland County, Michigan. Shortly after that, she went to Colorado, and when she was supposed to be taking her mother out to lunch, she returned with her to Michigan. After a hearing at which no evidence was presented or heard, the
Oakland County Probate Court appointed Susan and Linda as co-guardians and co-conservators.

Summary of Issues

For the purposes of this discussion, the guardianship and conservatorship issues are combined. The Amicus Committee agrees with Doug Chalgian’s analysis of the issues:

1. When a person with dementia has valid estate planning documents appointing fiduciaries to manage their care and property in the event of their incapacity, and where there is no evidence presented or findings made to suggest that the appointed fiduciary is unwilling, unable or unsuitable, appointment of a guardian conservator is not appropriate. See MCL 700.5305, MCL 700.5306, MCL 700.5401.

2. Pursuant to MCL 700.5409 and MCL 700.5313, when a person with dementia has a valid power of attorney nominating one person to serve as guardian and/or conservator in the event a conservatorship is necessary, in the absence of any finding that the nominated person is unsuitable, a Michigan probate court cannot create a co-conservatorship between the nominated person and another person.

3. When a person with dementia is residing in another state at the time a petition for conservatorship is filed, and is brought to Michigan under false pretense, it is against public policy for a Michigan court to assert jurisdiction. See MCL 700.5317.

These issues are fairly straightforward so we have not provided an analysis of them for the purpose of our discussion at the Probate Council meeting. Doug’s brief can be forwarded by e-mail to any Council who wishes to review it.

Recommendation

EPIC has a strong public policy favoring the use of trusts, powers of attorney and patient advocate designations to manage a person’s affairs over court involvement and we believe that the Probate Council has an interest in ensuring that courts follow this public policy. We recommend that the Council continue to follow this case and provide Amicus support if the Court of Appeals does not uphold this public policy and the issue becomes ripe for our involvement.
September 22, 2008

MICHIGAN COURT FORMS COMMITTEE
Probate Section
Minutes of September 4, 2008 Meeting

Present:  George M. Strander, Ingham County Probate Court (chair)
          Douglas G. Chalgian, Elder Law Section
          Pamela Jarvis, Barry County Probate Court
          Michael J. McCloy, Wayne County Probate Court
          Harold G. Schuitmaker, Probate and Estate Planning
          Hon. Kenneth Tacoma, Wexford County Probate Court
          Marlaine C. Teahan, Probate and Estate Planning Council
          Velma Weston, Kalamazoo County Probate Court
          Amy L. Byrd, State Court Administrative Office (staff)
          Traci R. Gentilozzi, State Court Administrative Office (staff)
          Leslie Sauerbrey, State Court Administrative Office (staff)

Absent:  Hon. R. Terry Maltby, Sanilac County Probate Court

Meeting called to order at 9:30 a.m.

Introductions were made. Attorney Marlaine Teahan was introduced as the committee
replacement for Joan Von Handorf.

A. General and Estate Forms

1. MC 316, Order for Change of Venue

   The committee considered a suggestion to revise this form so it can be used in the
   probate court and the family division of circuit court. The committee decided not to
   revise the form because PC 608, Petition and Order to Change Venue, can be used.

   The form was unchanged.
2. **PC 572, Letters of Authority**

The committee discussed whether the date as to the full force and effect of the letters referred to in the certification should refer instead to the date the letters were signed by the judge. Committee members noted that the date of the certification indicates that the letters are in full force and effect on the date of certification. The committee expressed concern that if the date was changed to the date signed by the judge, the intent of the certification would be compromised. The committee decided the date of certification should not refer to the date the judge signed the letters.

The form was unchanged.

3. **PC 582, Selection of Homestead Allowance and Exempt Property**

Notice was provided to the committee that FAM is the only JIS code that will remain on the form.

The form was approved as revised.

4. **PC 583 and PC 584, Account of Fiduciary**

The committee considered whether to add a check box in the title for indicating an amendment to an account. Committee members agreed that "amended" is often handwritten on the form already and a check box would be beneficial. **Staff Note:** For consistency with PC 583, the caption for the date in item 1 on PC 584 was changed to "Month, day, year."

In addition to PC 583 and PC 584, the committee decided an "amended" check box should be added to the inventory form PC 577. **Staff Note:** PC 577 will be revised accordingly for consistency purposes.

All three forms were approved as revised.

5. **PC 599, Memorandum of Administrative Closing**

The committee discussed whether this form can be used where both the guardian and the ward have left the state. The committee noted the court has continuing jurisdiction pursuant to EPIC no matter where the guardian and ward reside. Certain committee members explained that administrative closing does not automatically occur when the guardian and ward leave the state, but rather when letters of guardianship are received from another state. Another method utilized to administratively close a guardianship file is to provide the guardian a 30-day notice, stating that the letters from the other state must be produced within 30 days or else the matter will be administratively closed.

After much discussion regarding court procedures, committee members agreed this form should not be changed at this time, particularly since there is no statute or court
rule that directly addresses this situation. In making this decision, the committee looked specifically at MCR 5.144(A)(2) and decided it could be interpreted several ways.

Because the court rule is subject to various interpretations, the issue was tabled and the matter was referred for court rule amendment.

The form was unchanged.

6. **PC 600, Notice of Deficiency**

The committee decided that because there is an inventory form for conservatorships (PC 674), a checkbox should be added to the Notice of Deficiency to advise the fiduciary to file PC 577 or PC 674. The Notice of Deficiency will read “Your ‘Inventory’ has not been filed. □ PC 577 □ PC 674 must be filed at once.”

**Staff Note:** The word “Form” was placed before “PC 577” and “PC 674” in checkbox two for consistency purposes. In addition, the word “form” was placed before “PC 654” in checkbox five, and before “PC 634” in checkbox six.

Committee members also noted that the letter “i” in “Inventory” needs to be capitalized, and the change was made.

The form was approved as revised.

B. **Guardianship and Conservatorship Forms**

7. **PC 632, Order Appointing Temporary Guardian of Incapacitated Individual**

The committee considered a suggestion to add an option to the order indicating whether the petition was granted, denied on the merits, or dismissed/withdrawn. The committee noted this suggestion would require a change in the title of the form and the addition of a finding by the court that the individual is not in need of a guardian.

After much discussion, the committee agreed it would be beneficial to indicate in the order whether the petition has been granted, denied on the merits, or dismissed/withdrawn. Accordingly, the committee added checkbox option 8 to the form: “The petition for appointment of temporary guardian is □ granted. □ denied on the merits. □ dismissed/withdrawn.”

The committee also added checkbox 3: “□ The individual is not in need of a guardian.”

The committee noted it would be helpful to include space for findings in situations when the petition is dismissed/withdrawn, but the court is not making a finding on the merits of the case. A new item 7 was added in the findings section: “□ 7. Other: ________________________________”
The committee also added the word “alleged” to the case name: “In the matter of __________________________, an alleged incapacitated individual.”

As a result of these changes, all items were renumbered accordingly and the form title was changed to “Order Regarding Appointment of Temporary Guardian of Incapacitated Individual” (at the top and bottom).

Staff Note: If the petition is not granted, options 8 through 12 do not apply. Therefore, it is important there be no question as to whether the checkbox in item 8 was checked in error when the subsequent items are in conflict. The SCAO believes these items (8 through 12) should be checkbox options and will add them, unless committee members object.

The form was approved as revised.

8. PC 634, Annual Report of Guardian on Condition of Legally Incapacitated Individual

The committee discussed a request to separate the checkbox references for foster home and boarding home in item 3b. The committee addressed the various definitions of boarding home, foster home, nursing home, assisting living, etc., and the licensing requirements of each. The committee noted that most guardians who complete this form will not know the difference between the various types of living arrangements.

After much discussion, the committee agreed it would be helpful to add a new item 3b that requests the name of the facility. Therefore, if there is any uncertainty regarding the type of facility in which the person has been placed, the actual name of the facility could provide more insight. The new item 3b is as follows: “3b. Name of facility, if any: ______________________________.”

The remaining items in item 3 were relettered accordingly.

In response to Mr. McCloskey’s request to split out “boarding home” and “foster home,” the committee instead deleted “boarding home” from the new item 3c and added a caption under “other” that says “(boarding home, assisted living, etc.).”

The committee also added a reference to Michigan Court Rule 5.125 in the “NOTE” at the top of the form (after the reference to Michigan Court Rule 5.105) to provide some instruction regarding who should be served as an interested party.

The form was approved as revised.

9. PC 638, Petition to Terminate or Modify Guardianship/Petition to Terminate or Modify Conservatorship

After significant discussion, the committee decided to split this form into three forms to assist with processing the different petitions: one for all guardianships
except developmentally disabled individuals, one for conservatorships, and one for developmentally disabled individuals.

The committee reviewed the drafts provided and made changes to each draft as follows.

- **Petition to Terminate or Modify Guardianship.** The committee added checkboxes before “☐ terminate” and “☐ modify” in the title of the form. The committee also replaced the checkboxes for “adult” and “minor” with checkboxes for “☐ legally incapacitated individual” and “☐ minor” and placed them in the title of the form. The committee deleted the term “/estate” from the case name, so the form says, “In the matter of __________________________.” The committee deleted the filing fee at the top of the form because the fee is subject to change.

The committee amended item 2 to require the petitioner to list all interested persons and their addresses, not just those that have changed or have been added since the filing of the original petition. For the purpose of consistency among court forms, the committee agreed the grids from PC 650 (for minors) and PC 625 (for legally incapacitated individuals) should be used in place of the current item 2.

In former item 3, the committee deleted the sixth checkbox and the language after it regarding standby successor guardian because it is inapplicable. The committee also modified the language in new item 8 to say, “☐ Appoint

Name (type or print) ____________________________ Address ____________________________

City, State, Zip ____________________________ Telephone no. ____________________________

as a temporary guardian pending appointment of a successor.”

The committee also deleted the citations to MCL 330.1637 and 700.5310 at the bottom of the form because they are inapplicable.

**Staff Note:** Item 4 was renumbered as item 3 and placed above the request because it is not part of the request, but rather is part of the reasons for the request. The remaining items on the form were renumbered accordingly.

The new form was approved.

- **Petition to Terminate or Modify Conservatorship.** The committee added checkboxes before “☐ terminate” and “☐ modify” in the title of the form. The committee also moved the checkboxes for “☐ adult” and “☐ minor” from the case name into the title of the form. The committee deleted the term “matter/” from the case name, so the form says, “In the estate of __________________________,” and replaced the term “matter” with “estate” in item 1. The committee removed the filing fee at the top of the form because the fee is subject to change.
The committee amended item 2 to require the petitioner to list all interested persons and their addresses, not just those that have changed or have been added since the filing of the original petition. For purposes of consistency among court forms, the committee agreed the grid from PC 639 should be used in place of current item 2.

The committee added new checkbox option 8, which says, “☐ Appoint as temporary conservator pending appointment of a successor.” In making this change, the committee discussed whether the appropriate term is “special” conservator or “temporary” conservator, and concluded that “temporary” was proper based on the use of that term in MCL 700.5415.

The committee also deleted the citation to MCL 330.1637 from the bottom of the form.

**Staff Note**: Item 4 was renumbered as item 3 and placed above the request because it is not part of the request, but rather is part of the reasons for the request. The remaining items on the form were renumbered accordingly.

The new form was approved.

- **Petition to Modify or Terminate Guardian for Developmentally Disabled Individual**. The committee added checkboxes before “☐ terminate” and “☐ modify” in the title of the form.

The committee decided that, for purposes of consistency among court forms, the grid from PC 658 should be used in item 2.

In new items 4 through 9, the committee agreed the format/design from the original petition should be followed, and the items and checkboxes spaced out accordingly. The SCAO will typeset these changes for more thorough review by the committee. The committee also agreed that options should be added before “plenary” in the first checkbox of item 4 to indicate whether all or part of the guardianship is to be terminated.

In addition, the committee decided the applicable statute and court rule citations should be included at the bottom of the form and asked the SCAO to provide these citations. **Staff Note**: The applicable citations are MCL 330.1604, 330.1634, and 330.1637.

The new form was approved.

Because there will be two separate petitions for guardianships and conservatorships, the SCAO asked whether the order (PC 638a) should also be separated. Currently,
there is one order for both. There is already a separate order for the developmentally
disabled individual (PC 638b). The committee placed the issue on next year’s
agenda.

10. **PC 639, Petition for Appointment of Conservator and/or Protective Order**

The committee agreed to change the reference in item 8 from MFIA to MDHS.

The committee addressed whether item 9 should be changed in light of the
amendment to MCR 5.125(C)(22), which brought notice requirements for legally
incapacitated persons into compliance with MCL 700.5311. The committee
acknowledged that although this rule does not apply to conservators and protected
persons, MCL 700.5311 does apply pursuant to MCL 700.5405. It was noted that, in
2007, the committee agreed the court rules should reflect the statute and suggested
the forms be changed only when the court rule is changed. The committee pointed out
that MCR 5.125(C)(24) was not amended. Because the court rule was not amended,
the committee decided that item 9 should not be changed until the court rule is also
changed.

The committee agreed to make the style and punctuation corrections in item 4.

The form was approved as revised.

**Staff Note:** The committee did not discuss the suggestion to change the inaccurate
citation at the bottom of the form (from MCR 5.125[C][23] to MCR 5.125[C][24]),
or the spelling correction in item 6. The SCAO will make these necessary revisions
anyway.

11. **PC 645, Letters of Conservatorship**

The committee considered a suggestion to further limit the restrictions regarding real
estate by stating that the conservator “may not sell, mortgage, or otherwise encumber
real property without court approval.”

In reviewing the suggested language, the committee reviewed MCL 700.5423(3),
which reads “[a] conservator shall not sell or otherwise dispose of the protected
individual's real property or interest in real property without approval of the court.”

After considerable discussion, the committee concluded that the statutory phrase
“otherwise dispose” was broad enough to include more specific restrictions.
Therefore, the committee revised the language as follows: “Conservator shall not sell,
mortgage, encumber or otherwise dispose of any interest in real property without a
prior court order of approval.”

The form was approved as revised.
12. **PC 646, Petition for Approval of Sale of Real Estate**

The committee discussed a suggestion to add “The current bond is __________” to item 4. The committee agreed this language would help the court determine the proper amount of bond to set. The committee decided the language should be more precise and say, “The fiduciary is currently bonded for a total amount of $__________.”

Some committee members raised the issue of whether the current value of the property in item 2 could be better reflected. After discussion, the committee agreed the current value of the property could be stated more precisely and added a statement at the end of item 2 that says, “The current unpaid mortgage and unpaid taxes on this property are $__________.”

**Staff Note:** To be consistent with the style of other SCAO-Approved forms, a colon was placed at the end of “(provide legal description)” in item 2.

The form was approved as revised.

13. **PC 653, Order Regarding Appointment of Guardian/Limited Guardian of Minor**

The committee declined a request to place checkboxes in front of new items 9 through 14 for situations when the petition is denied or dismissed in new item 9. The committee concluded the checkboxes were unnecessary, as the need for the checkboxes appeared to be a local court issue and not a statewide issue. **Staff Note:** If the petition is not granted, options 9 through 14 do not apply. Therefore, it is important there be no question whether option 9 was checked in error when the subsequent items are in conflict. The SCAO believes these items (9 through 14) should be checkbox options and will add them, unless committee members object.

The committee added a new item 8 under the findings that says, “Other: __________________________________.” The remaining items on the form were renumbered accordingly.

The form was approved as revised.

14. **PC 655, Report for Court Review of Minor Guardianship and PC 656, Order Following Hearing on Status of Minor Guardianship**

The committee was advised that minor revisions were made to these forms in 2007, but the changes were placed on hold in order to discuss a concern about language that places the child in the “custody” of the parent. The committee was advised that MCL 700.5209 does not refer to custody and the use of the term might imply that a custody order is being entered, which is not the case. The committee agreed and the forms were changed as follows.
**PC 655** – The committee removed the term “custodial” from item 4, including the checkbox option. Item 4 now says, “I visited the parent(s), who reside(s) at __________________________________. □ I did not visit the parent(s) because: __________________________________________.”

For consistency purposes, the committee added “Date” and “Location” under the lines in item 3 (as in item 2), and added parentheses around “(s)” in “reside(s)” in item 4.

**PC 656** – To comply with the discussion of PC 655 regarding entry of a custody order, the committee deleted “The child is placed in the custody of the parent, __________________________________” from item 8.

The committee also replaced the reference to MFIA in items 5, 10 and 12 with MDHS.

The forms were approved as revised.

**Staff Note:** The committee did not discuss removing the MSA cite or adding a cite to MCL 700.5209(2) at the bottom of the form. Because MSA cites are no longer on court forms, the SCAO removed the MSA reference. Because MCL 700.5209(2) is an applicable statute, the SCAO added the citation.

15. **PC 658, Petition for Appointment of Guardian, Individual with Alleged Developmental Disability**

The committee discussed a suggestion that the reference to “person assisting petitioner” in the signature line encourages the unauthorized practice of law in contravention of MCL 600.916. The committee agreed that no statute authorizes such a signature, including signatures from community mental health professionals. Therefore, the committee removed the reference to “person assisting petitioner” from the signature line.

The committee also noted that the reference to “person assisting petitioner” should be removed from the caption under the signature line in PCM 201 and asked the SCAO to determine whether any other petitions contain this signature line and to change those forms accordingly.

**Staff Note:** The SCAO has identified PCM 242 as also including the “person assisting petitioner” in the signature line. The form was revised pursuant to MCR 5.113 and 5.114, as well as the committee’s decision to delete this language.

Both forms were approved as revised.
16. **PC 660, Order Appointing Guardian for Individual with Developmental Disability**

The committee discussed a suggestion to revise new item 14 because plenary guardians are appointed until further order of the court, rather than for a specific term of years. Thus, new item 14 says, “plenary guardian of the □ individual □ estate until further order of the court.”

To clarify in what type of facility the person resides (see agenda item 8), the committee changed the checkbox in item 8 to say, “□ The individual presently resides in the following facility: __________________________.”

Based on the discussion in agenda item 7, the committee added a new item 12 under the findings for “Other: __________________________.” The remaining items on the form were renumbered accordingly.

The committee also agreed with the suggestion to include the address and phone number of the standby guardian to new item 16, particularly since MCR 5.205 requires fiduciaries to keep the court informed of address changes. Therefore, new item 16 was changed to “__________________________, whose address and telephone number are: ____________________________, City __________ State __________ Zip __________ Telephone no. __________”, is appointed standby guardian.”

The form was approved as revised.

**Staff Note:** Pursuant to the reasons stated in the Staff Note for agenda item 7, checkboxes will be placed in front of new items 14, 15 and 16.

17. **PC 663, Report of Guardian on Condition of Individual with Developmental Disability**

The committee agreed with the suggestion to add lines for the address and phone number of the standby guardian at the end of the form underneath “Statement by Standby Guardian” because MCR 5.205 requires fiduciaries to keep the court informed of address changes. To accommodate this new information, lines/spaces were deleted in item 4, item 10 was moved to page 1, and the date and signature lines in item 18 were moved to the left side of the form.

The form was approved as revised.

18. **PC 669, Proof of Restricted Account and Annual Verification of Funds on Deposit**
The committee declined a request to revise this form so that it can also be used for adult conservatorships. The committee reasoned that a similar request was made last year (for use with guardianships) and, at that time, the committee declined to create a statewide form for that purpose because no specific authority exists to create such a form. By creating a form, the SCAO is implying there is such a requirement.

The committee approved a suggestion to update the “USE NOTE” from 14 days to 28 days pursuant to changes to MCR 5.409(C)(4).

The committee discussed a request to add a date range because the amount provided on the form by the financial institution does not always match the amount on the statement or the account. However, the committee decided a date range would not necessarily serve the intended purpose because anniversary dates, etc., fluctuate. The committee also considered adding special instructions to the “Balance” box, but decided this would be futile and potentially confusing.

The committee further declined to add more precise instructions for proper completion of the form. The SCAO noted this issue has previously been addressed by the committee, and it was decided that balance information need not match the balance on the account. After considerable discussion — and emphasizing the fact that compliance will not be enhanced by revising the language of the form — the committee decided to work with the form’s existing language so that it better tracks MCR 5.409(C)(4). Accordingly, the language on the form was changed to “Attached is a copy of the corresponding financial institution’s statement.”

The committee further agreed to add another JIS code, VFD, to the top of the form.

The form was approved as revised.

19. **Testimony Interested Person, Legally Incapacitated Individual**

The committee decided not to develop this new form for use with both a guardianship and a conservatorship petition. Several committee members maintained it would be good public policy to create this form to help determine the interested persons. However, it was pointed out that in order to create a new statewide form, there must be at least some basis in statute or court rule for doing so, and there is no basis for this form at this time. Meanwhile, the committee noted that the refusal to develop a statewide form does not prevent local courts from devising their own form.

20. **Notice of Proceedings Concerning American Indian Child**

The committee considered a request to create a form (similar to JC 48) for use with guardianship proceedings pursuant to 25 USC 1903(1)(i) of the Indian Child Welfare Act (ICWA).

Because an SCAO work group regarding ICWA has been established, the committee tabled the issue and referred the matter to the work group for development.
C. Mental Health Forms

21. PCM 220, Petition for Discharge from Treatment and PCM 222, Order Following Hearing on Petition to Discharge

The committee considered a request to reinstate use of these forms for judicial admissions. The committee acknowledged that, although there are not a lot of judicial admissions, it remains useful to have forms for such situations.

The committee compared the previous versions of these forms with the current forms and the relevant statutes pertaining to judicial admissions, and concluded the 1996 versions could be reinstated.

The committee amended the declaration at the end of PCM 220 to comply with MCR 5.114(b) to say, “I declare under penalties of perjury that this petition ....”

The committee also added the citation to MCR 5.747 to the bottom of PCM 222.

The reinstated forms were approved as revised.

Staff Note: The MSA citations at the bottom of both forms will be deleted.

22. PCM 233, Notice of Right to Appeal Return and Appeal of Return from Authorized Leave

The committee agreed that a typographical error in the Notice section of the form should be corrected. Accordingly, an extra “the” was deleted from the sentence which begins, “Complete the petition below ....”

The form was approved as revised.

23. PCM 241, Notice of Right to Object to Hospitalization, Objection and Demand for Hearing

Last year, the committee agreed with an SCAO recommendation to consider developing a separate form for use with a return pursuant to a psychiatrist’s order because the basis for the request is much different than a return based on a court’s order.

After reviewing the form, applicable statutes and court rule more closely, the SCAO determined that PCM 241 could be revised without causing confusion between the two different procedures by adding item 2b. The committee agreed and approved the draft that was provided.

The form was approved as revised.
24. **New Form, MCL 330.1519**

Last year, the committee suggested forms be created pursuant to MCL 330.1519 and asked the SCAO to prepare drafts for discussion in 2008. After reviewing the relevant statutes and the current forms, the SCAO concluded that form PCM 214a may be all that is necessary and no new forms need to be developed. The committee reviewed the form and pointed out that reference to PCM 214a was incorrect. The SCAO agreed that the reference was incorrect. After checking other relevant forms, the committee concluded that PCM 217a was the proper form to be used and tabled discussion for 2009.

Meeting adjourned at 2:45 p.m.

Respectfully submitted,

[Signature]

Traci R. Gentilozzi
Estate of ____________________________________________

1. I, ____________________________________________, am interested in this estate as ____________________________________________ of the decedent.

   Name (type or print) ____________________________________________
   Relation ____________________________________________

2. The following property is selected as homestead allowance as authorized by MCL 700.2402:

   ____________________________________________
   ____________________________________________
   ____________________________________________

3. The following exempt property is selected as authorized by MCL 700.2404:

<table>
<thead>
<tr>
<th>PERSONAL PROPERTY ITEM</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. A family allowance of $____________ per ______________ has been determined as authorized by MCL 700.2403 and MCL 700.2405.

5. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

   Date ____________________________________________
   Signature _______________________________________

   Attorney signature ____________________________
   Attorney name (type or print) ____________________
   Bar no. ________________________________

   Address _______________________________________
   Name (type or print) __________________________
   City, state, zip _____________________________
   Telephone no. ______________________________

   Address _______________________________________
   City, state, zip _____________________________
   Telephone no. ______________________________

NOTE: See MCL 700.2403 and MCL 700.2405 for provisions regarding family allowances.

Do not write below this line - For court use only
2. a. Balance on hand from last account, or value of inventory, if first account ........................................ $ 
   b. Enter Total Column 1, Income and Other Receipts, from the other side of this form .......................................... $ 
   c. Subtotal (Add line 2a to line 2b and enter the amount here.) .......................................................... $ 
   d. Enter Total Column 2, Expenses and Other Disbursements, from the other side of this form ................ $ 
   e. Balance of assets on hand. (Subtract line 2d from line 2c and enter the amount here.) ........ $ 
      This line must equal the last line in item 3. (Itemize assets below.)

3. The balance of assets on hand are:

<table>
<thead>
<tr>
<th>ITEMIZED ASSETS REMAINING AT END OF ACCOUNTING PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Total balance on hand. This line must equal the last line in item 2 $ 

NOTE: In guardianships and conservatorships, except as provided by MCR 5.408(C)(4), you must present to the court copies of corresponding financial institution statements or you must file with the court a verification of funds on deposit, either of which must reflect the value of all liquid assets held by a financial institution dated within 30 days after the end of the accounting period.

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

5. This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.

6. □ This account is not being filed with the court.

7. □ My fiduciary fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are $ ________________ . Attached is a written description of the services performed.

8. □ Attorney fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are $ ________________ . Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature ____________________________ Fiduciary signature ____________________________

Attorney name (type or print) ____________________________ Bar no. ____________________________

Fiduciary name (type or print) ____________________________

Address ____________________________ Address ____________________________

City, state, zip Telephone no. City, state, zip Telephone no.

NOTE: If the decedent died before October 1, 1993, you must attach proof of inheritance tax paid. If the decedent died between October 1, 1993 and December 31, 2004, you must attach proof of estate tax paid. If the decedent died on or after January 1, 2005, there is no Michigan estate tax or inheritance tax.

For accounts that must be filed with the court.

NOTICE TO INTERESTED PERSONS

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.

2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.

3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account.

   You must pay a $20.00 filing fee to the court when you file the objection. (See MCR 5.310(C).)

4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.

5. You must serve the objection on the fiduciary or his/her attorney.
in the matter of

1. I, ___________________________ , am the
   Name ____________________________________ Title _______________________________________
   of the estate and submit the following as my account, which covers the period from ________
   (may not exceed 12 months).
   Month, day, year

2. SUMMARY
   Balance on hand from last account, or value of inventory if first account ................................ $ 
   Add income in this accounting period (Total from Schedule A.) ................................................ $ 
   Total assets accounted for .................................................. $ 
   Subtract disbursements in this accounting period (Total from Schedule B.) ............................... $ 
   Total balance of assets remaining (Itemize and describe in Schedule D.) ................................. $ 

   If additional sheets are required for Schedules A or B, place all itemization on those sheets and include only category totals on these schedules.

<table>
<thead>
<tr>
<th>SCHEDULE A: Income in this accounting period</th>
<th>SCHEDULE B: Expenses and other disbursements, including distributions to devisees and beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Net gain, if any, from Schedule C</td>
<td>Net loss, if any, from Schedule C</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total income</td>
<td>Total Expenses and Disbursements</td>
</tr>
</tbody>
</table>

SEE SECOND PAGE

Do not write below this line - For court use only

PC 584 (9/08) ACCOUNT OF FIDUCIARY, LONG FORM

MCL 330.1831, MCL 700.5703(4), MCL 700.5418, MCR 5.308(A), MCR 5.310(C), MCR 5.313, MCR 5.409
SCHEDULE C: Gains and losses on disposition of assets  (Use only if needed.)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE ACQUIRED</th>
<th>DATE SOLD</th>
<th>VALUE AT TIME ACQUIRED BY FIDUCIARY</th>
<th>NET SALES PRICE</th>
<th>GAIN (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GAIN (LOSS) ....................................................

If gain, transfer to Schedule A; if loss, transfer to Schedule B.

SCHEDULE D: Itemized assets remaining at end of accounting period
(If additional sheets are required, indicate on Schedule "See attached sheets.")

BALANCE OF ASSETS REMAINING (Show this amount on summary.) ......................

NOTE: In guardianships and conservatorships, except as provided by MCR 5.409(C)(4),
you must present to the court copies of corresponding financial institution statements or you must file with the court a verification of funds on deposit, either
of which must reflect the value of all liquid assets held by a financial institution dated within 30 days after the end of the accounting period.

3. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

4. This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.

5. (This account is not being filed with the court.

6. (My fiduciary fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are $__________ . Attached is a written description of the services performed.

7. (Attorney fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are $__________ . Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Fiduciary signature

Attorney name (type or print) Bar no.

Fiduciary name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

NOTE: If the decedent died before October 1, 1993, you must attach proof of inheritance tax paid. If the decedent died between October 1, 1993 and December 31, 2004, you must attach proof of estate tax paid. If the decedent died on or after January 1, 2005, there is no Michigan estate tax or inheritance tax.

For accounts that must be filed with the court.

NOTICE TO INTERESTED PERSONS

1. You must bring to the court's attention any objection you have to this account. The court will not review the account otherwise.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account.
   You must pay a $20.00 filing fee to the court when you file the objection. (See MCR 5.310(C).)
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
5. You must serve the objection on the fiduciary or his/her attorney.
In the matter of ________________

Name (type or print) ____________________________ Title __________________________

submit the following

as a complete and accurate inventory of all the assets of the estate and the fair market valuations as of the

☐ date of death (decedent's estate only).
☐ date of qualification as fiduciary (all other estates).

<table>
<thead>
<tr>
<th>PERSONAL PROPERTY AND REAL PROPERTY DESCRIPTION (If property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien.) Definitions and instructions for completing the inventory are on the other side of this form.</th>
<th>TOTAL VALUE OF PROPERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEFINITIONS FOR THE INVENTORY:

- **Real property** means land, including a building or house that is built on the land.

- **Personal property** means everything that a person owns except real property. Personal property includes bank accounts and checking accounts.

INSTRUCTIONS FOR COMPLETING THE INVENTORY:

1. List all real and personal property in the column "Personal Property and Real Property Description."

2. When listing real property, provide the legal description of the property and the name of any other owner.
   a. If real property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien.
   b. If the value of real property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.
   c. For conservatorships and guardianships, real property that the protected person owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.

3. When listing personal property, provide enough detail to adequately determine the value. Some items should be listed separately and some items should be combined under one category. Provide the name and address of each financial institution listed. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the personal representative.
   a. Examples of items that should be listed and valued separately are:
      - Automobiles
      - Jewelry
      - Bank accounts
      - Antiques
      - Furniture
      - Any other individual item of high value (such as a fur coat)
   b. Examples of items that can be listed in categories are:
      - Household items such as dishes, flatware, curtains, linens, utensils, clothing, furnishings, etc. can be grouped into several categories or combined into one category.
      - Multiple copies or pieces of a specific item that have the same value such as stocks and bonds.
   c. If personal property has been used to secure a loan, show the nature and amount of the lien.
   d. If the value of personal property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.
   e. For conservatorships and guardianships, personal property that the protected person owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.
In the matter of ________________________, I, ________________________, am the conservator and submit the following as a complete and accurate inventory of all the assets of the estate, including the fair market valuations as of the date of qualification as conservator. I have listed on this inventory any property the protected person owns jointly or in common with others, including the type of ownership.

### PERSONAL PROPERTY AND REAL PROPERTY DESCRIPTION

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ASSETS**

I declare under the penalties of perjury that this inventory has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Attorney signature

Name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

Attorney name (type or print)

Name (type or print)

Address

City, state, zip

Telephone no.

---

Do not write below this line - For court use only
DEFINITIONS FOR THE INVENTORY:

- **Real property** means land, including a building or house that is built on the land.

- **Personal property** means everything that a person owns except real property. Personal property includes bank accounts and checking accounts.

INSTRUCTIONS FOR COMPLETING THE INVENTORY:

1. List all real and personal property in the column "Personal Property and Real Property Description."

2. When listing real property, provide the legal description of the property and the name of any other owner.
   a. If real property has been used to secure a loan (including an equity line of credit), show the nature and amount of the lien.
   b. If the value of real property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.
   c. Property that the protected person owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.

3. When listing personal property, provide enough detail to adequately determine the value. Some items should be listed separately and some items should be combined under one category. Provide the name and address of each financial institution listed. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the conservator.

   a. Examples of items that should be listed and valued separately are:
   - Automobiles
   - Jewelry
   - Bank accounts
   - Antiques
   - Furniture
   - Any other individual item of high value (such as a fur coat)
   - Prepaid burial contracts
   - Life insurance (cash value)
   - Annuities
   - Mutual funds
   - Stocks and bonds

   b. Examples of items that can be listed in categories are:
   - Household items such as dishes, flatware, curtains, linens, utensils, clothing, furnishings, etc. can be grouped into several categories or combined into one category.
   - Multiple copies or pieces of a specific item that have the same value such as stocks and bonds.

   c. If personal property has been used to secure a loan, show the nature and amount of the lien.

   d. If the value of personal property is determined by an appraisal, include the appraiser's name and address and a description of the property appraised.

   e. Property that the protected person owns jointly or in common with others must be listed along with the type of ownership. The court may require additional information to support the value of property that is stated in the inventory.
STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION

NOTICE OF DEFICIENCY

In the matter of ______________________________

TO: _______________________________________

It appears from a review of court files:

☐ You have failed to submit sufficient information to adequately determine the inventory fee. It must be filed at once.
☐ Your "Inventory" has not been filed. □ Form PC 577 □ Form PC 674 must be filed at once.
☐ You have failed to pay the inventory fee. It must be paid at once.

☐ Your ______________ account (form PC 583, PC 584, or PC 585) is overdue. It must be filed at once.

☐ Your "Annual Report of Guardian on Condition of Minor" (form PC 654) has not been filed. It must be filed at once.

☐ Your "Annual Report of Guardian on Condition of Legally Incapacitated Individual" (form PC 634) has not been filed. It must be filed at once.

☐ Your "Report of Guardian on Condition of Person with Developmental Disability" (form PC 663) has not been filed. It must be filed at once.

☐ Other: _____________________________________________

As required by court rule issued by the Michigan Supreme Court, YOU ARE NOTIFIED:
☐ to correct the deficiency within 28 days from the date of this notice.
☐ to appear in person before this court on ________________________ for a conference. Date ________________________

PLEASE DO NOT DISREGARD THIS NOTICE: The above provisions were adopted by the Michigan Supreme Court and are mandatory. If you do not comply with this notice, the court may have to suspend your powers and appoint a special fiduciary in your place. This may result in your removal as fiduciary. You may also be subject to contempt of court proceedings.

DATE OF NOTICE: ________________________________ Deputy probate register/clerk

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you to fully participate in court proceedings, please contact the court immediately to make arrangements.

__________________________________
Do not write below this line - For court use only

Copies mailed to:
Fiduciary
Attorney of record
Sureties

Date _____________________________

By ______________________________

PC 600 (9/08) NOTICE OF DEFICIENCY

MCR 5.203
In the matter of ______________________________________________________, an alleged incapacitated individual

1. Date of hearing: ______________________ Judge: ______________________ Bar no. ______________________

THE COURT FINDS:

☐ 2. Notice of hearing was given to the incapacitated individual.

☐ 3. The individual is not in need of a guardian.

☐ 4. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. The individual, by reason of

☐ mental illness
☐ mental deficiency
☐ physical illness or disability
☐ chronic use of drugs
☐ chronic intoxication
☐ other: ________________________________________________________________

is impaired to the extent that he/she lacks sufficient understanding or capacity to make or communicate informed decisions, and is an incapacitated individual.

☐ 5. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.

☐ 6. There is no qualified, suitable individual willing to act as temporary guardian and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.

☐ 7. Other: ____________________________________________________________

IT IS ORDERED:

☐ 8. The petition for appointment of temporary guardian is ☐ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 9. Name (type or print) ________________________________________________, whose address and telephone number are:

Address __________________________________________ City __________ State ______ Zip __________ Telephone no. __________

is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

☐ Personal bond at $_____________ must be filed.

☐ 10. The temporary guardian shall have the following powers and responsibilities only:

☐ 11. This temporary guardianship shall terminate on _________________.

☐ Date (not later than 26 days after date of order)

☐ 12. IT IS FURTHER ORDERED:

Date ______________________________________ Judge ______________________

Attorney name (type or print) ______________________________ Bar no. __________

Address __________________________________________ City __________ State ______ Zip __________ Telephone no. __________

Do not write below this line - For court use only

MCL 700.5312, MCL 700.5313, MCR 5.403(C)

PC 032 (9/08) ORDER REGARDING APPOINTMENT OF TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL
In the matter of ________________________________, a legally incapacitated individual

1. I, ________________________________, am the guardian of the above named adult and my annual report for the period of ___________ to ___________ is as follows.

2. Present age of the adult: ___________ Date of birth: ___________

3. Living Arrangement
   a. Current address and telephone number of the adult: ________________________________
   b. Name of facility, if any: ________________________________
   c. The adult's residence is: ___________ (check one)
      □ own home/apartment
      □ nursing home
      □ foster home
      □ guardian's home/apartment
      □ hospital or medical facility
      □ relative's home: ________________________________
      □ other: ________________________________
      Relationship: ________________________________
   d. The adult has been in the present residence since ___________. If moved within the past year, state the changes and the reasons for change: ___________.

   e. I rate the adult's living arrangement as □ excellent. □ average. □ below average. Explain: ________________________________

   f. I believe the adult is □ content with the living situation. □ unhappy with the living situation.

   g. I recommend a more suitable living arrangement for the adult as follows: ________________________________

4. Physical Health
   a. The adult's current physical condition is □ excellent. □ good. □ fair. □ poor.
   b. During the past year the adult's physical condition has
      □ remained about the same. Explain: ________________________________
      □ improved. Explain: ________________________________
      □ worsened. Explain: ________________________________
   c. During the past year the adult received the following medical treatment (include check-ups and dental work):

<table>
<thead>
<tr>
<th>Date</th>
<th>Ailment</th>
<th>Type of Treatment</th>
<th>Doctor's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
5. Mental Health
   a. The adult's current mental condition is □ excellent. □ good. □ fair. □ poor.
   b. During the past year, the adult's mental condition has □ remained about the same.
      □ improved. Explain ____________________________________________________________
      □ worsened. Explain ___________________________________________________________
   c. During the past year, treatment or evaluation by a psychiatrist, psychologist, or social worker □ was □ was not provided.

6. Social Activities/Services
   a. The adult's current social condition is □ excellent. □ good. □ fair. □ poor.
   b. During the past year, the adult's social condition has □ remained about the same.
      □ improved. Explain ____________________________________________________________
      □ worsened. Explain ___________________________________________________________
   c. During the past year, the adult has participated in the following activities:
      □ recreational ________________________________________________________________
      □ educational ______________________________________________________________
      □ social ____________________________________________________________
      □ occupational _____________________________________________________________
      □ no activities available. □ the adult refused to participate in any activities.
      □ the adult was unable to participate in any activities.

7. List of Visits
   a. During the past year, I visited the adult as follows: _______________________________________
      List dates
      _______________________________________
      _______________________________________
   b. The average amount of time I spent on each visit was ____________________________.
   c. The last time I visited with the adult was on ____________________________.
      Date

8. Activities
   During the past year, I performed the following activities on behalf of the adult: 
   _______________________________________
   _______________________________________
   _______________________________________

9. Consultation
   During the past year, I consulted with the adult before making the following decisions: 
   _______________________________________
   _______________________________________
   _______________________________________

10. I believe the adult has the following unmet needs: _______________________________________

11. □ The guardianship □ should □ should not be continued because: ____________________________

12. As guardian, I have been ordered by the court to file an annual account, which is attached.

   Date
   ____________________________
   Address
   ____________________________
   Signature
   ____________________________
   City, state, zip
   ____________________________
   Telephone no.
In the matter of ________________________________

1. I am interested in this matter as ________________________________.

   NOTICE: In limited minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship.

2. a. The alleged incapacitated individual has
   - a spouse whose name and address are listed below.
   - adult child(ren) whose name(s) and address(es) are listed below.
   - living parent(s) whose name(s) and address(es) are listed below.
   - no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
   - none of the above (*must notify the Attorney General).

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS AND TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   *Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909.

b. The interested persons for the minor, their relationship, and their addresses are:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
3. The reasons why the court should take action are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I REQUEST that the court:

☐ 4. Terminate the guardianship.
☐ 5. Accept the guardian's resignation.
☐ 6. Remove the guardian who ☐ has ☐ has not been suspended.

☐ 7. Appoint ____________________________________________________________
    Name (type or print) ____________________________________________________
    Address __________________________________________________________________
    City, state, zip __________________________________________________________________
    Telephone no. __________________________________________________________________
    as successor guardian.

☐ 8. Appoint ____________________________________________________________
    Name (type or print) ____________________________________________________
    Address __________________________________________________________________
    City, state, zip __________________________________________________________________
    Telephone no. __________________________________________________________________
    as a temporary guardian pending appointment of a successor.

☐ 9. 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 __________________________

Attorney signature __________________________

Name (type or print) __________________________

Bar no. __________________________

Address __________________________

City, state, zip __________________________

Telephone no. __________________________

Petitioner signature __________________________

Name (type or print) __________________________

Address __________________________

City, state, zip __________________________

Telephone no. __________________________

NOMINATION BY MINOR:

☐ I am 14 years of age or older. I nominate ____________________________ as my guardian, who lives at
    Name __________________________
    Address __________________________
    City __________________________
    State __________________________
    Zip __________________________

Date __________________________

Signature of minor __________________________
In the estate of: ____________________________________________________________
1. I am interested in this estate as __________________________________________
   State relationship/interest
2. The individual to be protected has
   □ a spouse whose name and address are listed below.
   □ child(ren) whose name(s) and address(es) are listed below.
   □ parent(s) whose name(s) and address(es) are listed below.
   □ no living spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
   □ none of the above (*must notify the Attorney General).

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADULT/MINOR</th>
<th>ADDRESS AND TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>minor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>minor</td>
<td></td>
</tr>
</tbody>
</table>

* Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30735, Lansing, MI 48909.

3. The reasons why the court should take action are: ________________________________________________________

I REQUEST that the court:
   □ 4. Terminate the conservatorship.
   □ 5. Accept the conservator's resignation.
   □ 6. Remove the conservator who □ has □ has not been suspended.
   □ 7. Appoint ________________________________ as successor conservator.
      Name (type or print)                           Address
      City, state, zip                             Telephone no.

(Please see other side)

Do not write below this line - For court use only

PC 878 (9/08) PETITION TO TERMINATE/MODIFY CONSERVATORSHIP

MCL 700.5414, MCL 700.5415, MCL 700.5431, MCR 5.125(C)(25)
☐ 8. Appoint ____________________________ ____________________________

Name (type or print) Address

City, state, zip Telephone no.

as temporary conservator pending appointment of a successor.

☐ 9. 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

Attorney signature

Name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

☐ NOMINATION BY MINOR:

I am 14 years of age or older. I nominate ____________________________ as conservator, who lives at

________________________________________
Address

City

State

Zip

________________________________________
Date

Signature of minor
In the matter of ____________________________, an individual with an alleged developmental disability

1. I, ____________________________, am interested in this matter and make this petition as

   State interest/relationship

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. The reasons why the court should take action are:

   __________________________________________
   __________________________________________
   __________________________________________

I REQUEST that the court:

☐ 4. Terminate
   a. [ ] all [ ] part of the plenary guardian of the [ ] individual. [ ] estate.
   b. [ ] all [ ] part of the partial guardian of the [ ] individual. [ ] estate.

☐ 5. Accept the resignation of the
   a. plenary guardian of the [ ] individual. [ ] estate.
   b. partial guardian of the [ ] individual. [ ] estate.
   c. standby guardian.

☐ 6. Remove the
   a. plenary guardian of the [ ] individual [ ] estate,
   b. partial guardian of the [ ] individual [ ] estate,
   c. standby guardian, who [ ] has [ ] has not been suspended.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
☐ 7. Appoint

Name ____________________________
Address ____________________________
City ____________________________ State _______ Zip _______ Telephone no. _______

as successor ☐ plenary guardian ☐ partial guardian of the ☐ individual. ☐ estate.

☐ 8. Appoint

Name ____________________________
Address ____________________________
City ____________________________ State _______ Zip _______ Telephone no. _______

as standby guardian of the ☐ individual ☐ estate.

☐ 9. Modify the powers of the ☐ plenary guardian ☐ partial guardian of the ☐ individual ☐ estate 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 ____________

Attorney signature ____________________________
Name (type or print) ____________________________ Bar no. _______
Address ____________________________
City, state, zip ____________________________ Telephone no. _______

Petitioner signature ____________________________
Name (type or print) ____________________________
Address ____________________________
City, state, zip ____________________________ Telephone no. _______
INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF CONSERVATOR"

Please type or print neatly in black or blue ink. Items A through S 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 who you believe needs a conservator.

B Enter your name in the first line. Enter your relationship to the individual (or your interest) in the second line.

C Enter the date the individual was born; what county the individual is a resident of; the address of the place where the individual normally lives, and the county the individual's property is in.

D 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 personal protection, abuse or neglect, or a name change. 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 that case. Then place a check in the box indicating whether that case is still pending or not.

E Check the boxes that apply and provide the name(s) and address(es). If the individual has a power of attorney and you have a copy of the document, make a copy for the court.

F Check the boxes that you believe apply to the individual.

G Explain in as much detail as possible the specific facts about the individual's conduct or condition that lead you to believe he or she needs a conservator. Give specific examples of his or her conduct that supports what you checked in F and that demonstrate the need for a conservator. This information is extremely important for the court in making a decision about the need to appoint a conservator. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, state the reasons why it is in the ward's best interest to do so.

H Specify the approximate value of any real property, personal property, insurance, and monthly income of the individual. An example of real property is a house. Examples of personal property are home furnishings, bank accounts, and checking accounts.

I Check whether the individual is currently receiving benefits from governmental agencies and the amount(s).

J-K Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. If any of the adults named in J are under legal incapacity, enter the names in K. If you check the last box in J (item 9), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, Michigan 48909.

L Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the name and address of the hospital.

M If there is an emergency that requires that a preliminary protective order be entered before the hearing, enter the reason(s).

N Enter the name, address, and telephone number of the person you want to be appointed as conservator of the individual. Enter the relationship, if any, that this person has to the individual. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, leave this blank and complete Q.

O Check this box only if you checked M.

P Check this box if you want the individual's property protected but you do not want a conservator appointed.

Q Check this box if you want the the guardian appointed special conservator to dispose of real property.

R Enter today's date, sign your name, and enter your address and telephone number.

S If the individual wants to nominate someone to be the conservator, check the box and enter the name, address, and telephone number of the person the individual is nominating. The individual must sign and date the form.
STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION

PETITION FOR
☐ APPOINTMENT OF CONSERVATOR
☐ PROTECTIVE ORDER

FILE NO.

A Estate of _________________________________ XXX-XX-

Individual alleged to need protection

Last four digits of SSN

B 1. I, _________________________________, am interested in this matter

Name

and make this petition as _________________________________.

State interest/relationship

C 2. The individual was born ________________________________, resides in __________________________ County

Date

at ________________________________ and has property in __________________________ County.

Address

City, state, zip

D ☐ 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 individual has ☐ a power of attorney (Specify name and address below.):

☐ a guardian (Specify name and address below.):

☐ a representative payee for social security (Specify name and address below.):

Name and address

☐ 5. a. The individual is an adult unable to manage his/her property and business affairs effectively due to:

☐ mental illness ☐ chronic use of drugs ☐ detention by a foreign power

☐ mental deficiency ☐ chronic intoxication ☐ disappearance

☐ physical illness or disability ☐ confinement ☐ __________________________

and either:

☐ the adult has property that will be wasted or dissipated unless proper management is provided.

☐ the adult or his/her dependents are in need of money for support, care, and welfare and protection is necessary to

obtain or provide money.

b. The adult petitioner is mentally competent but due to age or physical infirmity is unable to manage his/her property

and affairs effectively, and recognizing the disability, requests the appointment of a conservator.

c. The individual is a minor who:

☐ owns money or property that requires management or protection that cannot otherwise be provided.

☐ has or may have business affairs that may be jeopardized or prevented by minority.

☐ needs money for support and education and that protection is necessary or desirable to obtain or provide money.

d. I am the guardian of the ward and it is in the ward's best interests to sell or otherwise dispose of the ward's real

property or interest in real property.

G 6. The statements in item 5. are supported by the following facts:

(Attach a separate sheet if more space is needed.)

SEE SECOND PAGE

Do not write below this line - For court use only

MCL 700.5104(2), MCL 700.5215(a), MCL 700.5314(b), MCL 700.5421, MCL 700.5404, MCR 5.105(C),

MCR 5.125(C)(24)

PC 639 (9/08) PETITION FOR APPOINTMENT OF CONSERVATOR AND/OR PROTECTIVE ORDER
7. The individual to be protected has an estate of the approximate value as follows:

<table>
<thead>
<tr>
<th>Real property</th>
<th>Personal property</th>
<th>Insurance</th>
<th>Monthly income</th>
</tr>
</thead>
</table>

8. The individual to be protected is receiving benefits from governmental agencies as follows:
- Social Security $__________
- SSI $__________
- Veterans Administration $__________
- MDHS $__________
- Other: $__________

9. The individual to be protected has:
- a spouse whose name and address are listed below.
- child(ren) whose name(s) and address(es) are listed below.
- parent(s) whose name(s) and address(es) are listed below.
- no living spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
- none of the above (must notify the Attorney General - see instructions for the address of the Attorney General).

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADULT/ MINOR</th>
<th>ADDRESS AND TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>minor</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>adult</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>minor</td>
<td></td>
</tr>
</tbody>
</table>

10. None of the above named persons is under any legal incapacity except:

Name, incapacity, and representative of the person, if any

11. The individual is currently found at

Address or location

12. It is necessary that a preliminary protective order be entered pending the regular hearing because:

I REQUEST that the court:

13. □ Appoint

Name, address, and telephone no.

who has priority as ________________________ , as conservator of the estate to be protected.

Priority relationship

14. □ Preserve and apply the individual's property pending the appointment of a conservator as follows:

15. □ Enter a protective order that provides

16. □ Appoint the guardian as special conservator with authority to sell or otherwise dispose of the ward's real property or interest in real property.

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 address

Petitioner signature

City, state, zip

Telephone no.

Attorney signature

Attorney address

City, state, zip

Telephone no.

Attorney name (type or print)

Bar no.

Date

Signature of person to be protected

□ NOMINATION BY PERSON TO BE PROTECTED: I am 14 years of age or older. I nominate as my conservator:

Name, address, and telephone no.
STATE OF MICHIGAN
PROBATE COURT
CIRCUIT COURT - FAMILY DIVISION

LETTERS OF CONSERVATORSHIP

FILE NO.

Estate of ________________________________

TO:

Name and address ____________________________

Conservator's telephone no. ____________________________

☐ limited conservator
☐ conservator

You have been appointed ________ of the estate and are granted power to take possession, collect, preserve, manage, and dispose of property of the estate according to law and to perform all acts permitted or required by statute, court rule, and orders of this court unless limited below.

☐ Conservator shall have authority with respect to all assets of the estate.
☐ Real estate or ownership interest in a business entity excluded from your responsibilities in your acceptance of appointment.
☐ Conservator shall have authority with respect to the following assets only:

Restrictions:
 Conservator shall not sell, mortgage, encumber, or otherwise dispose of any interest in real property without a prior court order of approval.

Date ____________________________

Judge ____________________________

Bar no. ____________________________

Attorney name (type or print) ____________________________

Bar no. ____________________________

Address ____________________________

City, state, zip ____________________________

Telephone no. ____________________________

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

Date ____________________________

Deputy probate register ____________________________

Do not write below this line - For court use only

PC 646 (9/06) LETTERS OF CONSERVATORSHIP

MCL 700.5412, MCL 700.5417, MCL 700.5418, MCL 700.5423, MCL 700.5427, MCR 5.202, MCR 5.203, MCR 5.205, MCR 5.409
NOTICE TO CONSERVATOR OF CERTAIN DUTIES

AS REQUIRED BY LAW AND MICHIGAN COURT RULES, YOU ARE NOTIFIED:

You are required to file with this court the following written reports using the indicated form(s) at the indicated times. Forms are available at the court.

INVENTORY: As the conservator, you are required by law to prepare an inventory of the assets of the estate that you have been given authority over within 56 days from the date of your appointment. You must also provide a copy of the inventory to the protected individual if the individual can be located and if the minor is 14 years of age or older and to interested persons as specified in the Michigan Court Rules. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the conservator. (May use form PC 674, "Inventory, Conservatorship.")

ACCOUNTS: As the conservator, you must file an annual account unless otherwise ordered by the court. An accounting must be filed within 56 days after the end of the accounting period. The accounting period ends on the anniversary date of the issuance of the letters of authority, unless the conservator selects another accounting period or unless the court orders otherwise. If you select another accounting period, notice of that selection shall be filed with the court. The accounting period may be a calendar year or a fiscal year ending on the last day of a month. You may use the same accounting period as that used for income tax reporting, and the first accounting period may be less than a year but not longer than a year. On filing, the account may be set for hearing or the hearing may be deferred to a later time. Unless otherwise ordered by the court, no accounting is required in a minor conservatorship where the assets are restricted or in a conservatorship where no assets have been received by the conservator. (Use form PC 583, PC 584, or PC 648, "Account.")

In addition, you must provide a copy of the account to the protected individual if the individual can be located and is 14 years of age or older, and to interested persons as specified in the Michigan Court Rules.

CHANGE OF ADDRESS: You are required to keep the court and interested persons informed in writing within 7 days of any change in your address.

DEATH OF PROTECTED INDIVIDUAL: If the protected individual dies during the conservatorship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

The inventory and all accounts must be served on the required persons at the same time they are filed with the court. After serving the required persons, you must promptly file a proof of service with the court.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. See MCL 700.5416 through 700.5433 for other duties of the conservator. Your failure to comply with the above reporting duties may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE
STATE OF MICHIGAN
PROBATE COURT COUNTY
CIRCUIT COURT - FAMILY DIVISION

PETITION FOR APPROVAL OF SALE OF REAL ESTATE

FILE NO.

Estate of

1. I am the ___________________________ of this estate.

Title

2. I intend to sell the following real estate: (Provide legal description.)

3. for the purpose of ____________________________

4. to ____________________________ for $ ____________________ on the following

5. terms and conditions:

6. Attached

is a copy of the most recent assessor's statement or tax statement showing the state equalized value of the property, which is $ ____________________.

7. The current unpaid mortgage and unpaid taxes on this property are $ ____________________.

3. It is in the protected individual's or estate's best interests to sell the real property for the following reasons:

4. The value of the remaining personal property is $ ____________________ and the real property is $ ____________________.

5. The amount of unpaid debts and taxes is $ ____________________.

6. The fiduciary is currently bonded for a total amount of $ ____________________.

7. This is a conservatorship and the protected individual's monthly income is $ ____________________ and monthly expenses are $ ____________________.

8. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

(PLEASE SEE OTHER SIDE)

☐ Bond is set at $ ____________________.

Date: ____________________

Authorized signature: ____________________

PC 840 (9/08) PETITION FOR APPROVAL OF SALE OF REAL ESTATE

MCL 700.5423, MCR 5.207
7. I request that the court approve this sale of real estate and determine whether a bond needs to be filed.

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.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Signature

Address

City, state, zip Telephone no.
In the matter of __________________________________________, a minor

1. Date of hearing: ___________________________ Judge: __________________________________________ Bar no.

THE COURT FINDS:
2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.
3. The above named minor is not in need of a guardian.
4. The above named minor is unmarried and is in need of a guardian because:
   a. parental rights of both parents or of the surviving parent have been
      □ terminated □ suspended by:
      □ prior court order. □ judgment of divorce or separate maintenance.
      □ death. □ judicial determination of mental incompetency.
      □ disappearance. □ confinement in a place of detention.
   or □ b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.
   or □ c. the biological parents of the minor were never married to each other, the custodial parent has
      □ died □ disappeared and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.
5. The above named minor is unmarried, and the custodial parent(s) consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.
6. The welfare of the minor will be served by the appointment,
   □ and by □ payment of reasonable support. □ reasonable parenting time and contact by the parent(s).
7. There is no qualified, suitable individual willing to act as guardian and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.
8. Other:

IT IS ORDERED:
9. The petition is □ granted. □ denied on the merits. □ dismissed/withdrawn.
10. __________________________________________, whose address and telephone number are:

Name (type or print)
Address
City State Zip Telephone no.
Is appointed □ full □ limited □ temporary guardian of the minor named above, and an acceptance of appointment shall be filed. □ Personal bond at $________________ must be filed.
After qualification, the guardian shall comply with all relevant requirements under the law.
11. This appointment is □ regular. □ temporary, expiring on ____________________________ .
12. Parenting time shall be □ as stated in the placement plan. □
13. Child support shall be paid as follows: □ as stated in the placement plan.
   □ father: □ mother:
14. Other:

Date ____________________________ Judge ____________________________

Attorney name (type or print) Bar no.
Address
City State Zip Telephone no.

Do not write below this line - For court use only

MCL 700.5106, MCL 700.5204, MCL 700.5205,
MCL 700.5212, MCL 700.5213

PC 653 (9/05) ORDER REGARDING APPOINTMENT OF GUARDIAN/LIMITED GUARDIAN OF A MINOR
In the matter of ____________________________________________, a minor, born _____________________________.

1. As ordered by the court, I have investigated this guardianship.

2. I visited the guardian on ____________________________ at _____________________________.

3. I visited the minor on ____________________________ at _____________________________.
   □ I did not visit the minor because: _____________________________.

4. I visited the parent(s), who reside(s) at _____________________________.
   □ I did not visit the parent(s) because: _____________________________.

□ 5. The parent(s) complied with the □ court-structured plan  □ limited-guardianship placement plan
dated ____________________________ to the following extent: _____________________________.

□ 6. The guardian complied with the □ court-structured plan  □ limited-guardianship placement plan
dated ____________________________ to the following extent: _____________________________.

□ 7. The guardian has adequately provided for the welfare of the minor to the following extent: _____________________________.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
8. The guardian □ is □ is not willing to continue to provide for the welfare of the minor.

9. The guardian □ has □ does not have the ability to continue to provide for the welfare of the minor.

10. It □ is □ is not necessary to continue this guardianship for the following reasons:

__________________________________________________________________________

__________________________________________________________________________

11. If the guardianship is continued, the effect on the welfare of the minor will be as follows:

__________________________________________________________________________

__________________________________________________________________________

12. The following factors should be considered for the welfare of the minor:

__________________________________________________________________________

__________________________________________________________________________

13. I RECOMMEND that this guardianship

□ be terminated.
□ be continued without modification.
□ be continued with the following modifications: (Specify.)

14. □ I also recommend that the court schedule a hearing on the status of the guardianship.

Date

Signature

Address

Name (type or print) City, state, zip

Telephone no.
STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION
ORDER FOLLOWING HEARING ON
STATUS OF MINOR GUARDIANSHIP
FILE NO.

Date of hearing: ____________________________ Judge: ____________________________
Bar no. ____________________________

1. Notice of hearing was given to or waived by the interested persons.
2. Following a hearing on the status of the guardianship, the court made findings of fact and conclusions of law on the record.

THE COURT FINDS:

☐ 4. It is in the welfare of the minor that the guardianship be ☐ terminated. ☐ continued.
   ☐ An attorney
   ☐ A lawyer-guardian ad litem should be appointed to represent the minor or the matter should be referred to the Michigan Department of Human Services for further investigation.

IT IS ORDERED:

☐ 6. The limited guardianship is continued. ☐ An annual review shall be held by the court on ____________.
   ☐ A modified limited guardianship placement plan shall be immediately filed with the court with the following changes:

☐ 7. The full guardianship is continued. ☐ An annual review shall be held by the court on ____________.
   ☐ The parents, guardian, and child shall abide by the following court-structured plan: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

☐ 8. The guardianship is terminated, letters of guardianship are cancelled, and the guardian is discharged.

☐ 9. The guardianship shall terminate within 6 months of the date of this order as follows.
   a. On ____________ the child shall return to the home of ____________________________.
   b. The minor shall be reintegrated into the home of the parent(s) as follows:

(PLEASE SEE OTHER SIDE)
Do not write below this line - For court use only

PC 656 (9/05) ORDER FOLLOWING HEARING ON STATUS OF MINOR GUARDIANSHIP
MCL 700.5207(3), MCL 700.5209(2), MCR 5.404E(3)
10. The Michigan Department of Human Services shall supervise the transition period and shall provide those services necessary to facilitate the minor’s reintegration into the parental home. These services shall include:


11. The guardianship is continued until further order of the court for a period not exceeding one year from the date of this hearing.

a. The parent(s) ___________________________________________ shall comply with (Select only one of the following.)

☐ the existing limited guardianship placement plan.
☐ a court-modified limited guardianship placement plan.
☐ the following court-structured plan: ____________________________________________


b. A review hearing will be held on ____________________________ at ________.

Date
Time

12. ☐ The Michigan Department of Human Services shall

☐ ___________________________________________, ☐ attorney

☐ ___________________________________________, ☐ lawyer-guardian ad litem, is appointed to

Attorney name

investigate and, within 21 days, report to the court 1) that a petition has been filed in the ____________________ court for a child protective proceeding concerning the minor, or 2) why a petition has not been filed.

The minor shall remain in the care and custody of the guardian and the last order of the court shall remain in full force and effect.

The hearing on the review of the guardianship shall be continued until ____________________________

Date
Time
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 filed 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 and address of the person, center or facility where the person is currently located. This address 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 30736, 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, decision-making in all aspects of life, such as medical and residential aspects.

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.

L 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.

M 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.

N 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.

O 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.

P 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.
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
   Name of person or center or facility
   Address
   City State Zip
   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.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 of 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 the 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 of lifelong or extended duration and are individually planned and coordinated.

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

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

MCL 330.1100a, MCL 330.1609

PC 658 (9/08) PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY
8. A guardian is needed to assist the individual with the following responsibilities and duties:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 be performed and a report be prepared.

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

12. The court determine and appoint ____________________________ of ____________________________

Name

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.

13. The court authorize the guardian to execute an application for admission to ____________________________ located at ____________________________.

Name of facility

Address

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

Describe emergency situation

15. The court appoint ____________________________ of ____________________________

Name

Address

as standby guardian.

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. ____________________________

Address ____________________________

City, state, zip ____________________________ Telephone no. ____________________________
In the matter of ____________________________

Court ORI _______________ Date of birth _______________ Race _______________ Sex _______________ XXX-XX-__

_Last four digits of SSN

1. [Name of petitioner, type or print] ____________________________, an adult, ____________________________, petition because

   I believe the individual named above needs treatment.

2. The individual was born ____________________________, has a permanent residence in ____________________________,

   County at ____________________________,
   Street address ____________________________,
   City ____________________________,
   State ____________________________,
   Zip ____________________________,

   and can presently be found at ____________________________.

   □ This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

   □ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or
      unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats
      that are substantially supportive of this expectation.

   □ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm
      in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

   □ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the
      result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant
      physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person
      can be hospitalized.)

4. The conclusions stated above are based on:

   a. my personal observation of the person doing the following acts and saying the following things:

   ____________________________
   ____________________________
   ____________________________
   ____________________________
   ____________________________

   ____________________________
   ____________________________
   ____________________________
   ____________________________

   ____________________________
   ____________________________
   ____________________________
   ____________________________

   ____________________________
   ____________________________
   ____________________________
   ____________________________

   ____________________________
   ____________________________

   ____________________________
   ____________________________
   ____________________________
   ____________________________

   ____________________________
   ____________________________

(Please see other side)

Do not write below this line - For court use only
b. the following conduct and statements that others have seen or heard and have told me about:


by:
Witness name Complete address Telephone no.


by:
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guardian*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(Specify the county where the guardianship was established and the case number.)

6. The individual ☐ is ☐ is not a veteran.

7. I request the court to determine the individual to be a person requiring treatment and that s/he be hospitalized until the hearing.

I declare under the penalties of perjury that this petition/application 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.

Address

City, state, zip Telephone no.

Signature of petitioner

Address

City, state, zip

Home telephone no. Work telephone no.

Attached is a ☐ clinical certificate by physician or licensed psychologist taken within the last 72 hours.
☐ clinical certificate by psychiatrist taken within the last 72 hours.
☐ petition/affidavit for examination (PCM 209 or PCM 209a) because examination could not be secured.

This Application for Hospitalization was filed with the hospital on _________________ at ___________ m.

FOR HOSPITAL USE ONLY

Signature of hospital representative
In the matter of ________________________

Court ORI ________________________________ Date of birth ________________________________ Race ________________________________ Sex ________________________________

1. I, ________________________________, an adult ________________________________, petition because ________________________________

I believe the individual named above needs treatment.

2. The individual was born ________________________________, has a permanent residence in ________________________________

Date ________________________________

County at ________________________________

Street address ________________________________ City ________________________________ State ________________________________ Zip ________________________________

and can presently be found at ________________________________

Address ________________________________

3. I believe the individual has mental illness and as a result of this mental illness the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

4. The individual is currently noncompliant with treatment, recommended by ________________________________

Name of mental health provider ________________________________

Address of mental health provider ________________________________

City ________________________________ State ________________________________ Telephone number ________________________________

that has been determined to be necessary to prevent a relapse or harmful deterioration of the individual's condition.

5. The individual's noncompliance with this treatment has been a factor in his/her:

☐ a. placement in ☐ a psychiatric hospital ☐ jail ☐ prison at least 2 times within the last 48 months. (Specify the name(s) and location(s) of the hospital, jail, or prison and the date(s) of hospitalization or incarceration.)

☐ b. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months. (Specify the acts, attempts, or threats of serious violent behavior.)

6. The statements made above are based on

a. my personal observation of the person doing the following acts and saying the following things:

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
b. conduct and statements that others have seen or heard and have told me about:


by:
Witness name Complete address Telephone no.


by:
Witness name Complete address Telephone no.

7. The persons interested in these proceedings are

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>ADDRESS</th>
<th>TELEPHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. The individual ☐ is ☐ is not a veteran.

9. I request the court to determine the individual to be a person requiring assisted outpatient treatment.

I declare 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. ____________
Address ______________________________________
City, state, zip ____________________________ Telephone no. ____________

Signature of petitioner ___________________________ Address ____________________________

City, state, zip ____________________________ Home telephone no. ____________________________

Work telephone no. ____________________________
STATE OF MICHIGAN  
PROBATE COURT  
COUNTY  
CIRCUIT COURT - FAMILY DIVISION  

ORDER APPOINTING GUARDIAN FOR INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY  

FILE NO.  

In the matter of ______________________________________, an individual with a developmental disability.

1. Date of hearing: ___________________________  Judge: ____________________________________________  Bar no.  

2. Findings of fact are more fully stated on the record regarding the individual’s nature and extent of general intellectual functioning, extent of impairment of adaptive behavior, capacity to manage his/her estate and financial affairs, and capacity to care for self by making and communicating responsible decisions concerning his or her person.

THE COURT FINDS:

3. Notice of hearing was given to or waived by all interested parties.

4. □ a. The individual was present at the hearing.
   □ b. The individual was not present at the hearing. His/her presence was excused upon showing by testimony and affidavit of a
      □ psychologist,
      □ physician, that the individual’s attendance would subject him/her to serious □ physical  □ emotional  harm.

5. Testimony was given by the person who prepared the report or person who performed an evaluation serving in part as the basis for the report.

6. Upon the presentation of clear and convincing evidence and □ with  □ without  the verdict of a jury, the individual is an individual with a developmental disability and requires guardianship services.

7. The above named individual is □ totally  □ partially  without capacity to care for his/her □ estate as to the following necessary tasks, responsibilities, or judgments but is otherwise legally competent and has the capacity to perform in other areas.

8. The most appropriate and the least restrictive living arrangement suited to the individual’s condition is ____________________________

☐ The individual presently resides in the following facility: ____________________________________________

9. A reasonable effort was made to question the individual and he/she indicated
   □ no preference as to who should be appointed guardian.
   □ that he/she preferred ____________________________ to serve as guardian

   Name (type or print) ____________________________

   and ____________________________________________ as standby guardian.

   Name (type or print) ____________________________  (PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

MCL 330.1517, MCL 330.1618, MCL 330.1520, MCL 330.1623, MCL 330.1626  

PC 660 (9/08) ORDER APPOINTING GUARDIAN FOR INDIVIDUAL WITH DEVELOPMENTAL DISABILITY
10. There is no qualified, suitable individual or agency willing to act as guardian and the appointment of an agency directly providing services to the individual is necessary at present.

11. A reasonable effort was made to orally inform the individual of his/her right to request the guardianship to be dismissed or modified at any time. A written notice of these rights was also served on him/her.

12. Other: ____________________________________________

IT IS ORDERED:

13. The petition is
   □ granted.
   □ denied on the merits.
   □ dismissed/withdrawn.

14.__________________________________________, whose address and telephone number are:

   Name (type or print)
   ________________________________

   Address __________________________
   City _____________________________
   State ________ Zip ______________
   Telephone no. ____________________

   is appointed

   □ a. plenary guardian of the
      □ estate
      □ individual
      □ until further order of the court.
      □ an acceptance of appointment.
      □ a bond in the amount of $ ____________

   □ b. partial guardian of the
      □ estate
      □ individual
      □ for the term of ______ years
      □ an acceptance of appointment.
      □ a bond in the amount of $ ____________
      , and shall have only the following powers:

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

   ______________________________________________________________________

The individual retains all legal and civil rights except those which have been specifically granted to the partial guardian. After qualification, the guardian shall comply with all relevant requirements under the law.

15. The guardian is authorized to execute an application to admit the above named individual to

   ________________________________

   Name of facility

16. ____________________________________________, whose address and telephone number are

   Name (type or print)
   ________________________________

   Address __________________________
   City _____________________________
   State ________ Zip ______________
   Telephone no. ____________________

   is appointed standby guardian. In case of death, incapacity, or resignation of the initially appointed guardian or an emergency situation during the absence and unavailability of the initially appointed guardian, the standby guardian shall file

   □ an acceptance of appointment
   □ bond in the amount of $ ____________

   and shall assume the powers and duties of the initially appointed guardian.

   ____________________________
   Date

   ____________________________
   Judge

   ____________________________
   Attorney name (type or print)

   ____________________________
   Bar no.

   Address __________________________
   City _____________________________
   State ________ Zip ______________
   Telephone no. ____________________
This report should be completed annually by the guardian, or more often if directed by the court.

In the matter of _____________________________, an individual with a developmental disability

1. I, _____________________________, am the guardian of the above named individual, and I report for
   the period ___________________________ to ___________________________.

2. Present age of the individual: ___________________________ Individual's date of birth: ___________________________

3. Current address and telephone number of the individual:

4. The individual's present living arrangement is:
   - [ ] own home
   - [ ] relative's home
   - [ ] hospital or medical center
   - [ ] guardian's home
   - [ ] community placement home
   - [ ] other: ___________________________

5. The individual has been in the present residence since ___________________________. Descriptions and addresses of every
   residence where the individual has lived during this reporting period and the length of stay at each residence are as follows:

6. I rate the individual's present living arrangements as
   - [ ] excellent
   - [ ] average
   - [ ] below average

   Explain if below average: ___________________________

7. I believe the individual is
   - [ ] content with the living situation
   - [ ] unhappy with the living situation

   I recommend a
   - [ ] more suitable residence as follows:

8. The individual's mental condition has
   - [ ] remained about the same
   - [ ] improved
   - [ ] deteriorated

   Describe the changes:

9. The individual's physical health has
   - [ ] remained about the same
   - [ ] improved
   - [ ] deteriorated

   Describe the changes:

10. The individual's social condition has
    - [ ] remained about the same
    - [ ] improved
    - [ ] deteriorated

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

Date:

Signature of reviewer:

Court action to be taken:

MCL 330.1631, MCR 5.409(A)

PC 583 (9/08) REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY
11. The individual has received the following services:

☐ medical. ☐ educational. ☐ vocational. ☐ other professional services.

Describe ____________________________________________________________

12. My visits with and activities on behalf of the individual were:

____________________________________________________________________

13. I believe the individual has the following needs:

____________________________________________________________________

14. I have the following questions concerning the individual or my responsibilities:

____________________________________________________________________

____________________________________________________________________

15. Other information requested by the court, or necessary in the opinion of the guardian, is as follows:

____________________________________________________________________

____________________________________________________________________

16. The guardianship ☐ should ☐ should not be continued because:

____________________________________________________________________

17. As guardian, I have been ordered by the court to file an annual account which is attached.

18. Comments:

Date

Signature of guardian

Address

City, state, zip Telephone no.

STATEMENT BY STANDBY GUARDIAN

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

Date

Signature of standby guardian

Name (type or print)

Address

City, state, zip Telephone no.
In the matter of ____________________________, minor

USE NOTE: This form must be completed and filed with the court within 28 days of the conservator's qualification, or as otherwise ordered by the court, and annually thereafter.

Name of financial institution/insurance company/brokerage firm

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of authorized representative

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

I certify that the estate funds of the minor are currently on deposit with us under a restricted account as follows:

<table>
<thead>
<tr>
<th>Type of account</th>
<th>Account number</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attached is a copy of the corresponding financial institution's statement.

I further certify that

1. The funds, including accruals, shall not be released or withdrawn except by written order of this court.
2. Records have been marked to prohibit withdrawal except by written order of this court.
3. We are liable for funds released or withdrawn without written order of this court.

____________________  _______________________
Date                  Signature of authorized representative

Do not write below this line - For court use only
STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION

PETITION FOR DISCHARGE FROM CONTINUING TREATMENT OR JUDICIAL ADMISSION

FILE NO.

In the matter of ____________________________, state that I am:

☐ a patient/resident in ________________________________.
☐ the executive director of the community mental health services program for the county of residence of the individual.
☐ under a one-year alternative or a one-year combined treatment order under the supervision of ________________________________.

INSTRUCTIONS: The petitioner may, within 7 days (excluding Sundays and holidays) after a periodic report is received, petition the court for a discharge. In addition to this right, the petitioner may petition for discharge once within each 12-month period following the date of the original order for continuing involuntary mental health treatment or judicial admission. If the petitioner is filing a petition after a periodic review, complete item 2. If the petitioner is filing a petition for the additional hearing, complete item 3. If the petitioner desires a hearing for discharge at any other time, this can be done only upon leave of the court by completing item 4.

☐ 2. I object to the conclusion(s) in the periodic review report of ________________________________.

☐ dated ________________________________ and filed with this court. The individual named in that report:
☐ is not a person requiring treatment and should be discharged.
☐ is not in need of hospitalization.
☐ is not in need of alternative treatment.
☐ does not meet the criteria for judicial admission stated in MCL 330.1531(3).

☐ 3. This petition is filed as of right during the ________________________________, 12-month period since ________________________________, the date of the original order of continuing involuntary mental health treatment or judicial admission.

☐ a. This petition is accompanied by a clinical certificate of a physician or licensed psychologist stating the reasons the individual is not a person requiring treatment, or by a report of a psychologist stating the resident is not an individual who meets the criteria for judicial admission.

☐ b. This petition is not accompanied by the required clinical certificate/report of a physician or licensed psychologist because:
☐ the individual is indigent.
☐ the individual is unable to obtain the clinical certificate/report because ________________________________

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

MCL 330.1484, MCL 330.1485, MCL 330.1531, MCL 330.1532

PCM 220 (9/08) PETITION FOR DISCHARGE FROM CONTINUING TREATMENT OR JUDICIAL ADMISSION
4. Although the petitioner is not entitled as of right by statute to petition at this time, the petitioner believes that the individual
should be discharged because the individual
☐ is no longer a person requiring treatment
☐ is not a person meeting the criteria for judicial admission

because of the following reasons: _____________________________________________________________

_____________________________________________________________________________________

5. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

6. I REQUEST the court to
   a. set a hearing and order a discharge.
   ☐ b. (if 3b is checked) appoint a physician/licensed psychologist to examine the individual and file a clinical certificate/report.
   ☐ c. (if 4 is checked) grant leave to file this petition.

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

Signature of petitioner

Name (type or print)

Address

City, state, zip

Telephone no.
In the matter of ________________________________

1. Date of hearing: ________________ Judge: ____________________________
   Bar no. ____________________________

2. A petition has been filed by ____________________________ requesting that the individual named above be discharged. Name ____________________________

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. ________ was not present for reasons stated on the record. The hearing was ________ with ________ without ________ a jury.
   Present were: ___________________________________________ the attorney for the individual, and
   ___________________________________________ the attorney for the hospital/center.

5. Testimony was given by ____________________________________________

   ________ is ________ is not clear and convincing evidence that
   ________ the individual has a mental illness and continues to require treatment.
   ________ the individual continues to meet the criteria for judicial admission to a center.
   ________ the individual is under an order of continuing involuntary mental health treatment and is no longer a person requiring treatment.

IT IS ORDERED:

7. The individual be discharged from ___________________________ hospital/facility/center.

8. The order requiring treatment/admission be continued.

9. The individual be hospitalized at ___________________________ hospital under a continuing order for a period not to exceed one year.

10. The individual undergo combined hospitalization and alternative treatment for a period not to exceed one year.
    Hospitalization at ___________________________ shall not exceed 90 days.
    Alternative treatment shall be under the supervision of ___________________________ a community mental health services program
    ___________________________ a mental health agency or professional
    as follows: ____________________________________________

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only
10. (continued) 

The agency or practitioner responsible for the alternative treatment program shall, at least three days prior to the individual's discharge from the hospital, submit to the court a written report as to the capability to supervise the program.

☐ 11. The individual be discharged from the hospital/center and undergo an alternative treatment program under the supervision of ____________________________

☐ a community mental health services program

☐ a mental health agency or professional

for a period not to exceed one year, as follows: ____________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

______________________________

Date ____________________________

Judge ____________________________
STATE OF MICHIGAN
PROBATE COURT
COUNTY
CIRCUIT COURT - FAMILY DIVISION

NOTICE OF RIGHT TO APPEAL RETURN
AND APPEAL OF RETURN
FROM AUTHORIZED LEAVE

FILE NO.

In the matter of ____________________________

The above individual has been on authorized leave from a hospital or center for more than 10 days. The individual was then returned to the hospital or center involuntarily, as follows:

<table>
<thead>
<tr>
<th>Date of last order</th>
<th>Date of return</th>
<th>Time of return</th>
<th>Age of individual</th>
<th>Name of hospital/center</th>
</tr>
</thead>
</table>

NOTICE OF RIGHT TO APPEAL

You have a right to appeal your return to the hospital or center and to have a hearing to determine the outcome of appeal. If you wish to appeal, notify the ____________________________ Court within 7 days after receipt of this notice.

Complete the petition below and mail a copy to the court. In the case of a child who is less than 13 years of age, the appeal must be made by the parent or guardian.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on ____________________________ at ____________________________ , and a copy was mailed to ____________________________ Court on ____________________________ .

Signature ____________________________________________

NOTE TO COURT: MCR 5.743 and 5.743b require form PCM 227 to be sent to the individual's attorney.

PETITION APPEALING RETURN TO HOSPITAL

I appeal my return to the hospital/center and demand a hearing.

☐ I request court-appointed legal counsel.

I declare under the penalties of perjury that this petition for appeal has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

☐ individual  ☐ parent  ☐ guardian

Date ____________________________ Signature ____________________________________________

Do not write below this line - For court use only
In the matter of ____________________________, a mentally ill person

1. On ____________________________, after a hearing required by statute, the court found you to be a person requiring treatment and entered an order for a program of alternative treatment.

2. □ a. After being notified that □ the alternative program was insufficient, □ you did not comply with the alternative program, the court entered an order (form PCM 217a) modifying the above order, resulting in your return to the hospital and/or placement on a different alternative treatment program. A copy of the amended order (form PCM 217a) is attached.

□ b. The court has been notified that you have been hospitalized by a psychiatrist's order pursuant to MCL 330.1474a.

TO:

You are notified that you may object to the court's or psychiatrist's order returning you to the hospital by completing the objection below and returning it to the court not later than 7 days after receiving this notice. The court will schedule a hearing within 10 days after receiving your objection.

PROOF OF SERVICE

I certify that I personally served this notice on the individual named in the Notice of Right to Object on ____________________________ at ____________________________ .

Date ____________________________ Time ____________________________

Date ____________________________ Signature ____________________________

OBJECTION TO HOSPITALIZATION AND DEMAND FOR HEARING

I object to my return to the hospital and demand a hearing.

□ I request court-appointed legal counsel.

Date ____________________________ Signature ____________________________

Name (type or print) ____________________________

Do not write below this line - For court use only
<table>
<thead>
<tr>
<th>Description</th>
<th>Amended Annual Budget</th>
<th>Cumulative As Of June 21, 2008</th>
<th>Since June 21, 2008</th>
<th>Cumulative to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Budget</td>
<td>Actual</td>
<td>Budget</td>
<td>Actual</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$123,000.00</td>
<td>$123,000.00</td>
<td>$125,190.00</td>
<td>100%</td>
</tr>
<tr>
<td>Publishing Agreements</td>
<td>$0.00</td>
<td>$2,500.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Receipts - One Time</td>
<td>$15,000.00</td>
<td>$15,000.00</td>
<td>$15,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Receipts</td>
<td>$138,000.00</td>
<td>$138,000.00</td>
<td>$142,690.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Disbursements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal</td>
<td>$45,600.00</td>
<td>$35,600.00</td>
<td>$37,344.38</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Chairperson's Dinner</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Speakers Dinner</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
<td>$6,000.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$10,000.00</td>
<td>$8,333.33</td>
<td>$10,493.74</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Lobbying</td>
<td>$24,000.00</td>
<td>$20,000.00</td>
<td>$20,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Meetings (Lansing mostly)</td>
<td>$14,000.00</td>
<td>$11,666.67</td>
<td>$7,525.56</td>
<td>$1,166.67</td>
</tr>
<tr>
<td>Printing (Primarily Docutech)</td>
<td>$4,000.00</td>
<td>$3,333.33</td>
<td>$2,101.06</td>
<td>$666.67</td>
</tr>
<tr>
<td>Strategic Planning</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Publishing Agreements</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$6,408.41</td>
<td>$0.00</td>
</tr>
<tr>
<td>Support for Annual Institute</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
<td>$0.00</td>
<td>$935.00</td>
</tr>
<tr>
<td>Amicus Briefs</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
<td>$0.00</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Listserv</td>
<td>$1,000.00</td>
<td>$833.33</td>
<td>$700.00</td>
<td>$166.67</td>
</tr>
<tr>
<td>Postage</td>
<td>$3,000.00</td>
<td>$2,500.00</td>
<td>$119.96</td>
<td>$500.00</td>
</tr>
<tr>
<td>Telephone (conference calls)</td>
<td>$1,000.00</td>
<td>$833.33</td>
<td>$146.41</td>
<td>$166.67</td>
</tr>
<tr>
<td>Other</td>
<td>$1,000.00</td>
<td>$833.33</td>
<td>$335.25</td>
<td>$166.67</td>
</tr>
<tr>
<td>Total</td>
<td>$125,600.00</td>
<td>$95,933.33</td>
<td>$85,174.77</td>
<td>$20,268.33</td>
</tr>
<tr>
<td>Increase</td>
<td>$9,400.00</td>
<td>$42,066.67</td>
<td>$57,515.23</td>
<td>$-20,268.33</td>
</tr>
</tbody>
</table>

Fund Balance Per State Bar as of August 31, 2008: $83,602.58
Revenue That Did Not Clear as of That Date: $0.00
Approved Expenditures That Did Not Clear as of That Date: $-23,292.46
Actual Balance: $60,310.12