

PETITION FOR APPOINTMENT OF CONSERVATOR OR PROTECTIVE ORDER

FILING FEE: \$175.00

CHECK/MONEY ORDER PAYABLE TO:

“MONROE COUNTY PROBATE COURT”

IF OPENING GUARDIANSHIP AT SAME TIME:

-ONLY ONE PHYSICIAN’S REPORT NEEDS TO BE OBTAINED. COURT WILL COPY REPORT FOR THE CONSERVATORSHIP FILE.

AFTER FILING PETITION AND PHYSICIAN’S REPORT:

-COURT WILL SCHEDULE HEARING AND PROVIDE PACKETS/EXPLAIN PROOF OF SERVICE.

ALL FORMS ARE AVAILABLE AT THE STATE COURT WEBSITE:

www.courts.michigan.gov

COURTS MAILING ADDRESS:

MONROE COUNTY PROBATE COURT

106 EAST FIRST STREET

MONROE MI 48161

734.240.7346

STATE OF MICHIGAN PROBATE COURT MONROE COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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Court address 106 E. FIRST STREET, MONROE, MI 48161	Court telephone no. 734-240-7346
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A In the matter of _____ Put last 4 digits of SSN in
XXX-XX- Ref. No. row 2 on MC 97.
Last four digits of SSN
First, middle, and last name

Petitioner's name, address, and telephone no.

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

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
Put DOB in Ref. No. row 1 on MC 97.
Date
 at _____
Address
 _____ and has property in _____ County.
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.

E 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

F 5. a. The individual is an adult unable to manage his/her property and business affairs effectively because of
 mental illness chronic use of drugs confinement
 mental deficiency chronic intoxication disappearance
 physical illness or disability detention by a foreign power _____
 and either
 the adult has property that will be wasted or dissipated unless proper management is provided, or
 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 because of age or physical infirmity is unable to manage his/her property and affairs effectively, and recognizing the disability, requests appointment of a conservator.



5. (continued)

- 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 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 necessary.)

H 7. The individual to be protected has an estate approximately valued at:

\$ _____ \$ _____ \$ _____ \$ _____
Real property Personal property Insurance Monthly income

I 8. The individual to be protected is receiving the following benefits from governmental agencies:

- Social Security \$ _____ SSI \$ _____ MDHHS \$ _____
- Veterans Administration \$ _____, claimant number _____
- Other: _____ \$ _____

J 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.
- descendants of deceased child(ren) whose name(s) and address(es) are listed below.
- if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
- if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
- none of the above (must notify the Attorney General - see instructions for the address of the Attorney General).

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

*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

(K) 10. None of the persons named above are under any legal incapacity except

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

(L) 11. The individual is currently found at _____
Address or location Telephone no.

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

I REQUEST that the court:

(N) 13. Appoint _____
Name, address, and telephone no.

who has priority as _____, as conservator of the estate to be protected.
Priority relationship

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

(P) 15. Enter a protective order that provides _____

(Q) 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.

(R) _____
Date

Petitioner signature

Date

Attorney signature

(S) 17. **NOMINATION BY PERSON TO BE PROTECTED:** I am 14 years of age or older. I nominate as my conservator

Name, address, and telephone no.

Date

Signature of person to be protected

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
MONROE		

Court address

106 E. FIRST STREET, MONROE, MI 48161

Court telephone no.

734-240-7346

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

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

Instructions:

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

Name of form/document that this MC 97 is being filed with: PETITION FOR CONSERVATOR/PROTECTIVE ORDER

Printed name of individual completing form and date _____

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

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

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My speciality is _____
if any

2. I last examined the individual on _____

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply determining where to live. handling personal financial affairs.
 consenting to supportive services. authorizing or refusing medical treatment.

7. The prognosis for improvement in the individual's conditions is _____.

My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

Date

Signature

Address

Name (type or print)

City, state, zip Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT MONROE COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
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Court address 106 E. FIRST STREET, MONROE, MI 48161	Court telephone no. 734-240-7346
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In the matter of _____
First, middle, and last name

- I have been appointed _____ of the person/estate.
Type of fiduciary
- I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
not to exceed 91 days

the following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

 Date

 Signature

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

 Attorney Address Address

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

 Put DOB in row 10 on MC 97a.
 Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE MONROE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address 106 E. FIRST STREET, MONROE, MI 48161	Court telephone no. 734-240-7346
--	-------------------------------------

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

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Instructions:

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Name of form/document that this MC 97a is being filed with: ACCEPTANCE OF APPOINTMENT

Printed name of individual completing form and date _____

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