

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200 North Telegraph Road, Pontiac, Michigan 48341		Court telephone no. 248.858.0260

(A) In the matter of James Smith Put last 4 digits of SSN in XXX-XX- Ref. No. row 2 on MC 97.
First, middle, and last name Last four digits of SSN

Petitioner's name, address and telephone no. Mary Smith 1234 North Street Troy, Michigan 48084 248.123.4567	Petitioner's attorney, bar no., address, and telephone no.
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(B)

Date of birth Put DOB in Ref. No. row 1 on MC 97.	Race	Sex Male	Address of alleged incapacitated individual where now found 5678 South Street, Pontiac Michigan 48341
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(C) 1. I, Mary Smith, am interested in this
Name (type or print)
matter and make this petition as Mother
State interest/relationship

(D) ☐ 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the
person named above has been previously filed in _____ Court, Case Number _____,
was assigned to Judge _____, and ☐ remains ☐ is no longer pending.

(E) 3. The adult is a resident of Southfield Oakland Michigan
City, village, or township County State
and has a home address and telephone number of 9012 East Street
Address

<u>Southfield</u>	<u>Michigan</u>	<u>48034</u>	<u>248.456.7890</u>
City	State	Zip	Telephone no.

☐ The individual is a citizen of the following foreign country: _____

(F) 4. The adult has ☐ a patient advocate/power of attorney for health care. (Specify name and address below.)
☐ a power of attorney. (Specify name and address below.)
☐ a conservator. (Specify name and address below.)

Name and address

(G) ☐ 5. ☐ The patient advocate designation was not executed in compliance with MCL 700.5506.
☐ The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.
☐ The patient advocate is not acting consistent with the ward's best interests.

(H) 6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of
☒ mental illness. ☒ mental deficiency. ☐ physical illness or disability.
☐ chronic intoxication. ☐ chronic drug use. ☒ Bi-polar _____

- I** 7. Specific facts about the adult's recent condition or conduct that lead me to believe the adult needs a guardian are
(Attach a separate sheet if more space is needed.)

James suffers from severe paranoia, he hides bills, then believe the bills have been stolen; bills are going unpaid, utilities
have been turned off. James hides his medications, refuses to eat food in the house believing the food has been poisoned.

- J** 8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the
adult are _____.

- K** 9. The adult ☐ is ☒ is not entitled to receive Veterans Administration benefits. The Veterans Administration
claimant number is _____.

- L** 10. 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, adult child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
☐ none of the above (must notify Attorney General - see instructions for the address of the Attorney General).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
Mary Smith	Mother	Street address 1234 North Street			
		City Troy	State Michigan	Zip 48084	Telephone No. 248.123.4567
Joseph Smith	Father	Street address 1234 North Street			
		City Troy	State Michigan	Zip 48084	Telephone No. 248.123.4567
		Street address			
		City	State	Zip	Telephone No.
		Street address			
		City	State	Zip	Telephone No.
	Nominated guardian	Street address			
		City	State	Zip	Telephone No.

- M** 11. None of the adults named above is under any legal incapacity except _____.

Give name, legal incapacity, and representative of the person, if any

(N) 12. I REQUEST that the court determine the adult is an incapacitated individual and appoint

Mary Smith

Name

1234 North Street

Address

Troy, Michigan 48084

City, state, zip

248.123.4567

Telephone No.

who has priority as Parent

Priority relationship

- ☒ full guardian with all powers provided by statute.
☐ limited guardian with the following powers:

(O) ☐ 13. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:

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.

(P) April 5, 2022

Date

Petitioner signature

Date

Attorney signature

(Q) ☐ 14. NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL

In the event the court finds that I require a guardian, I nominate

Name

Address, city, state, zip

Telephone no.

Date

Signature of alleged incapacitated individual

INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL"

Please type or print neatly using black or blue ink.

Items A through Q 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 guardian.
- (B) Enter the date of birth of the individual named in (A) in Ref. No. row 1 on form MC 97, then fill in the race, and sex of the individual. 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 address of the hospital.
- (C) Enter your name in the first line and your relationship to the individual (or your interest) on the second line.
- (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) Enter the city, village, or township and county and state the individual is a resident of and the full home address and telephone number of the individual.
- (F) Check the boxes that apply and provide the name(s) and address(es).
- (G) If the individual has a patient advocate and you believe there is a problem, check only the boxes that apply.
- (H) Check the boxes that you believe apply to the individual.
- (I) **Explain in as much detail as possible specific examples of the individual's conduct that lead you to believe he or she needs a guardian. Give specific examples of his or her conduct that supports what you checked in (H) and that demonstrate the need for a guardian. This information is extremely important for the court in making a decision about the need to appoint a guardian. Use additional sheets of paper if needed.**
- (J) Enter the name, address, and telephone number of the person or agency who currently has care and custody of the individual. If there is no one, leave blank.
- (K) Check whether the individual is or is not entitled to receive Veterans Administration benefits. If you checked that the individual is entitled to benefits, enter his or her VA claimant number.
- (L) - (M) Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. Presumptive heirs includes minor children, if any. If any of the adults named in (L) are under legal incapacity, enter the names in (M). If you check the last box in (L) (item 10), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.

Enter the name, address, and telephone number of the person you want to be appointed as guardian of the individual. Enter the relationship, if any, that this person has to the individual. Check the box for either a full guardian or a limited guardian.

- (O) Check the box if there is an emergency requiring the appointment of a temporary guardian before the hearing on this petition is held.
- (P) Enter today's date and sign your name.
- (Q) If the individual wants to nominate someone to be his/her guardian, 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 JUDICIAL DISTRICT JUDICIAL CIRCUIT OAKLAND COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200.North.Telegraph,Pontiac,Michigan.48341		Court telephone no. 248.858.0260
Plaintiff's/Petitioner's name Mary Smith	v	Defendant's/Respondent's name
In the matter of <u>James Smith</u>		

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 Appointment of Guardian of Incapacitated Individual

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) Mary Smith
1	Date of birth 05-19-1986
2	National ID no. / Last 4 digits of SSN XXX-XX-7890
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 OAKLAND

ORDER REGARDING APPOINTMENT OF
GUARDIAN OF INCAPACITATED INDIVIDUAL

FILE NO.
2021-345,789-GA
Hon. Daniel A. O'Brien

In the matter of James Smith, a legally incapacitated individual
First, middle, and last name

Court ORI	Date of birth 1/10/1942	Race White	Sex Male	Current address of incapacitated individual 9012 East Street Southfield, Michigan 48034
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1. Date of hearing: April 27, 2022 Judge: Honorable Daniel O'Brien P42120
Bar no.

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.

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

☒ 4. Upon the presentation of clear and convincing evidence, the individual named above, by reason of
☐ mental illness ☒ mental deficiency ☐ chronic use of drugs
☐ chronic intoxication ☐ physical illness or disability ☒ other: Bi-polar disorder
is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.

☒ 5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.

☒ 6. The individual is ☐ partially ☒ totally without the capacity to care for himself/herself.

☐ 7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.

☐ 8. Financial protection is required for the individual.

IT IS ORDERED:

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

☒ 10. Joseph Smith, whose address and telephone number are:

Name (type or print)

1234 North Street

Address

Troy, Michigan 48084

City

State

Zip

(248) 123.4567

Telephone no.

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

a. The guardian shall have the following powers:

☒ full guardian with all authority and responsibilities granted and imposed by law.

☐ except as follows: _____

☒ limited guardian with only the following powers: medical, government benefits

☐ In addition, the guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

☐ b. Bond of \$_____ must be filed.

11. The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

☐ 12. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*

Do not write below this line - For court use only

13. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

☒ 14. The ☒ attorney ☒ guardian ad litem for the individual is discharged.

☐ 15. IT IS FURTHER ORDERED:

April 27, 2022

Date

Judge Hon. Daniel A. O'Brien

Attorney name (type or print)

Bar no.

Address

City

State

Zip

Telephone no.

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200 North Telegraph, Pontiac, Michigan 48341		Court telephone no. 248.858.0260

In the matter of James Smith
 First, middle, and last name

1. I have been appointed Mary Smith of the person/estate.
 Type of fiduciary
2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

- ☐ 3. For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
 not to exceed 91 days
 the following real estate or ownership interest in a business entity: _____
 Describe real property or business interest

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

	April 27, 2022 Date
	Signature Mary Smith
Attorney name (type or print)	Name (type or print) 1234 North Road
Attorney Address	Address Troy, Michigan 48084
City, state, zip	City, state, zip 248.123.4567W
Telephone no.	Telephone no.
	Put DOB in row 10 on MC 97a. Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT OAKLAND COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200 North Telegraph, Pontiac, Michigan 48084		Court telephone no. 248.858.0260
Plaintiff's/Petitioner's name Mary Smith	v	Defendant's/Respondent's name
In the matter of <u>James Smith</u>		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

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

Name of form/document that this MC 97a is being filed with: 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 Mary Smith	DOB 11/08/1960	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

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	LETTERS OF GUARDIANSHIP	FILE NO. 2021-345,789-GA Hon. Daniel O'Brien
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In the matter of James Smith, a legally incapacitated individual

TO:	Name and address Mary Smith 1234 North Street Southfield, Michigan 48034
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Guardian's telephone no.
(248) 123.4567

1. You have been appointed ☐ by will or other witnessed writing ☒ by the court as Full
guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)
2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:
- ☒ a. together with all authority and responsibilities granted and imposed by law including all powers and duties under MCL 700.5314 and 5315.
- ☒ b. except as follows: *You may not change individual's residence from the State of Michigan without prior approval of the Court.*
- ☒ c. as to the following powers and responsibilities only: medical government benefits
- ☒ 3. These letters of guardianship expire on April 27, 2023
Date

Date _____ Judge Daniel A. O'Brien P42120
Bar no. _____

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

Address

City, state, zip	Telephone no.
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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 whole of such original, and on this date, these letters are in full force and effect.

Date _____ Deputy probate register/clerk _____

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

NOTICE OF DUTIES FOR GUARDIANSHIP**FILE NO. 2007-396,674-GA**

NOTICE OF DUTY TO VISIT

You are required by law to visit the individual for whom you are guardian at least once every three months.

NOTICE OF REPORTING DUTIES

You are required by law to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE IN PLACE OF RESIDENCE: You are required to promptly inform the court of any change in the ward's residence within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

ANNUAL REPORT:

Your annual report on condition of ward is due on 06/22 of each year. (Use form PC 634 or PC 654.)
Date

Your annual report period should cover events from: 04/27 to: 04/27

In addition, you must serve the report on the ward and interested persons as specified in the Michigan Court Rules and file proof of service with the court.

[] **ACCOUNTS:** You must file with this court once a year, either on the anniversary date of your letters of authority or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

ONGOING DUTY TO REPORT: Pursuant to MCL 700.5319(2), if a conservator has not been appointed for the ward's estate and you determine that there is more cash or property that is readily convertible into cash in the ward's estate than was estimated by the guardian ad litem and reported to the court, you must report the amount of the additional cash or property to the court.

DEATH OF WARD: If the ward dies during the guardianship, 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.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply 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 OAKLAND COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200 North Telegraph, Pontiac, Michigan 48341		Court telephone no. 248.858.0260

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of James Smith
 First, middle, and last name of legally incapacitated individual

1. I, Mary Smith, am the guardian of the adult named above and my
 Name (type or print)
 annual report for the period of April 27, 2022 to April 27, 2023 is as follows.
 Date Date

2. Present age of the adult: 36

3. Living Arrangement

a. The current address and telephone number of the adult are: 9012 East Street, Southfield, Michigan 48034 248.456.7890

b. The name of the facility where the adult resides, if any: _____
☐ Check here if this is a new address

c. The adult's residence is:
☒ own home/apartment ☐ guardian's home/apartment ☐ other: _____
☐ nursing home ☐ hospital or medical facility (boarding home, assisted living, etc.)
☐ foster home ☐ relative's home: _____
 Relationship _____

d. The adult has been in the present residence since 11/30/2020. If moved within the past year,
 state the changes and the reasons for change. Date

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: a more structured environment that would
encourage independence and self reliance.

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.

☒ improved. Explain James is walking and exercising more

☒ worsened. Explain James is less stable on his feet, James has become a fall risk.

c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name
05/23/2022		Flu vaccine	Dr. Mark Jones
07/08/2022		Podiatry Visit	June Shook, DPM
08/17/2022		Emergency room visit	William Beaumont Hospital
10/10/2022		Podiatry visit	June Shook, DPM
11/20/2022		Blood test, chest x-ray routine EKG	Dr. Mark Jones
01/22/2023		Dental cleaning, x-rays, fillings	Randi Hunter, DDS
		Monthly PCP visits and as needed	Dr. Mark Jones

5. Do-Not-Resuscitate Order

☒ a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.

☐ b. I ☐ executed ☐ reaffirmed ☐ revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).
In doing so, I ☐ did ☐ did not consult with the adult and his/her attending physician.

6. Physician Orders for Scope of Treatment (POST) Form

☒ a. I did not execute, reaffirm, or revoke a POST form.

☐ b. I ☐ executed ☐ reaffirmed ☐ revoked a POST form for the adult under MCL 700.5314(g).
In doing so, I ☐ did ☐ did not consult with the adult and his/her attending physician.

7. Nonopioid Directive

☒ a. I did not execute, reaffirm, or revoke a nonopioid directive.

☐ b. I ☐ executed ☐ reaffirmed ☐ revoked a nonopioid directive for the adult under MCL 700.5314(f).

8. 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 James adjusted to his environment and is medication compliant

☒ worsened. Explain James is not compliant w/his meds, has become more aggressive and argumentative

c. During the past year the adult received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name
06/02/2022		Medication review	Easter Seals
08/15/2022		Medication injection	Easter Seals
		Monthly medication reviews	Easter Seals

9. 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 James is more involved in activities

☒ worsened. Explain James isolates himself

c. During the past year, the adult has participated in the following activities:

☒ recreational James enjoys walking in the neighborhood, riding his bike, and watching TV

☒ educational James enjoys going to the library and reading about current events

☒ social James enjoys visiting and going on outings w/family, socializing w/other residents and staff, participating in activities

☒ occupational James helps w/household chores (dishes, meal prep, laundry, folding his clothes, maintaining his own space)

☐ No activities were available.

☐ The adult refused to participate in any activities.

☐ The adult was unable to participate in any activities.

10. List of Visits

a. During the past year, I visited the adult as follows: 04/30/2022, 07/25/2022, 10/12/2022, 01/22/2023
List dates

NOTE: Can also state "Weekly," "Monthly" or some variation (must be at least every 3 months)

b. The average amount of time I spent on each visit was 1 hour

c. The last time I visited with the adult was on 04/19/2023
Date

11. Activities

During the past year, I performed the following activities on behalf of the adult: Bill pay, took James grocery shopping, purchased clothes, provided medical consents, provided transportation to doctor appointments

12. Consultation

During the past year, I consulted with the adult before making the following decisions: Discussed housing options

13. I believe the adult has the following unmet needs: None at this time.

James would benefit for a more structured environment that would encourage independence and self-reliance.

☐ 14. The guardianship ☒ should ☐ should not be continued because: James continues to require assistance

making informed and appropriate decisions for his own safety and well being and requires assistance managing his finances

Note: If you no longer wish to serve as guardian, you must file a petition to remove yourself.

☐ 15. There ☐ is ☒ is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ _____ .

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

May 20, 2023

Date

Date

Mary Smith

Signature of guardian
1234 North Street

Address

Troy, Michigan 48084

City, state, zip

☐ Check here if this is a new address

248.123.4567

Telephone no.

Signature of co-guardian (if applicable)

Address

City, state, zip

☐ Check here if this is a new address

Telephone no.

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	ORDER APPOINTING PERSON TO REVIEW / INVESTIGATE GUARDIANSHIP	FILE NO. 2022-123,456-GA
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In the matter of JAMES SMITH

- ☐ a minor
☐ a minor Indian child
☒ a legally incapacitated individual

1. It appears to the court that a review/investigation of this guardianship is required.

IT IS ORDERED:

- ☒ 2. For guardianship of the legally incapacitated individual,

Nancy Baker

Name (type or print)

6543 County Road

Address

Pontiac, Michigan 48341

City, state, zip

248.456.2143

Telephone no.

is appointed to review this guardianship, to visit with the incapacitated individual, and to report to the court.

(may use PC 636 to report to court)

The review shall be completed and a report filed with the court no later than May 28, 2023

Date

- ☐ 3. For guardianship of the minor,

Name (type or print)

Address

City, state, zip

Telephone no.

- ☐ The Michigan Department of Human Services

Address

City, state, zip

Telephone no.

is appointed to investigate and to report to the court regarding:

- ☐ the proposed full guardianship under MCL 700.5204(2) as required by MCR 5.404(A)(2).
☐ a review of the guardianship in reference to the factors stated in MCL 700.5207(1). (may use PC 655 to report to court)
☐ the petition to modify or terminate the guardianship, including reference to the best interests of the minor as applicable.
☐ whether a petition has been filed with the family division of circuit court, and if not, why not.
☐ the proposed limited guardianship under MCL 700.5205 as required by MCR 5.404(A)(2).

The investigation shall be completed and a report filed with the court no later than

Date (7 days before the hearing on the petition)

Date

Judge

Bar no.

(SEE SECOND PAGE FOR DEFINITION OF "BEST INTERESTS")

Do not write below this line - For court use only

DEFINITION

"Best Interests of the Minor" [MCL 700.5101(a)(i-xii)]

As used in minor guardianship proceedings, "best interests of the minor" means the sum total of the following factors to be considered, evaluated, and determined by the court. You must address each of these factors in your report to the court.

1. The love, affection, and other emotional ties existing between the parties involved and the child.
2. The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue educating and raising the child in the child's religion or creed, if any.
3. The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.
4. The length of time the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity.
5. The permanence, as a family unit, of the existing or proposed custodial home.
6. The moral fitness of the parties involved.
7. The mental and physical health of the parties involved.
8. The home, school, and community record of the child.
9. The reasonable preference of the child, if the court deems the child to be of sufficient age to express preference.
10. The party's willingness and ability to facilitate and encourage a close and continuing parent-child relationship between the child and his or her parent or parents.
11. Domestic violence regardless of whether the violence is directed against or witnessed by the child.
12. Any other factor considered by the court to be relevant to a particular dispute regarding termination of a guardianship, removal of a guardian, or parenting time.

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input checked="" type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	CASE NO. and JUDGE 2022-123,456-GA Daniel A. O'Brien
Court address 1200 North Telegraph, Pontiac, Michigan 48341		Court telephone no. 248.858.0260

In the matter of James Smith
 First, middle, and last name

Court ORI	Current age of ward 36	Race	Sex Male	Current address of ward 9012 East Street, Southfield, Michigan 48034
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Petitioner's name, address, and telephone no.	Petitioner's attorney, bar no., address, and telephone no.
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1. I am interested in this matter as _____
 State relationship/interest

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

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone No.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone No.
	Conservator	Street address			
		City	State	Zip	Telephone No.
	Guardian	Street address			
		City	State	Zip	Telephone No.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone No.

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

- b. ☐ The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____
- ☐ The minor is not an Indian child as defined by MCR 3.002(12).
- ☐ It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

2. (continued)

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

- ☐ 3. The incapacitated individual, whose telephone number is 248.456.7890, has a guardian whose address is 1234 North Street, Troy, Michigan 48084 and has
- ☐ a spouse ☐ adult child(ren) ☒ living parents whose name(s) and address(es) are listed below.
- ☐ no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
- ☐ none of the above (must notify the Attorney General***).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
Mary Smith	Mother	Street address			
		1234 North Street			
		City	State	Zip	Telephone no.
		Troy	MI	48084	248.123.4567
Joseph Smith	Father	Street address			
		1234 North Street			
		City	State	Zip	Telephone no.
		Troy	MI	48084	248.123.4567
		Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.

**Presumptive heirs includes minor children, if any.

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

4. The reasons why the court should take action are Guardian is moving out of state and is unable to continue to manage James's affairs

I REQUEST that the court:

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

- ☐ 8. Appoint Jolynn Smith 3456 West Street
- Name (type or print) Address
- Sterling Heights Michigan 48313 586.567.8901
- City State Zip Telephone no.
- as successor guardian.

- ☐ 9. Appoint _____
- Name (type or print) Address
- _____
City State Zip Telephone no.
- as a temporary guardian pending appointment of a successor.

☐ 10. Modify the powers of the guardian as follows: _____

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

Date

Petitioner signature

Date

Attorney signature

NOMINATION BY MINOR:

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

Date

Signature of minor

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OAKLAND

ORDER REGARDING
TERMINATION/MODIFICATION OF
☐ GUARDIAN FOR MINOR
☒ GUARDIAN FOR LII ☐ CONSERVATOR

FILE NO.
2021-345,789-GA
Hon. Daniel O'Brien

In the matter of James Smith, a legally incapacitated individual
First, middle, and last name

1. Date of hearing: April 27, 2022 Judge Daniel A. O'Brien P42120
Bar no.

THE COURT FINDS:

☒ 2. Notice of hearing was given to or waived by all interested persons.

3. ☒ a. A petition to ☐ terminate ☒ modify a ☒ guardianship ☐ conservatorship was filed with this court and should be ☒ granted. ☐ denied. ☐ dismissed.

☐ b. On the court's own motion, the ☐ guardianship ☐ conservatorship should be ☐ terminated. ☐ modified.

☒ 4. The fiduciary ☐ should be removed and a successor appointed.
☒ should be permitted to resign and a successor appointed.
☐ has died or become disabled and a successor must be appointed.
☐ is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.

☒ 5. The individual ☒ continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.
☐ continues to be a person in need of a conservator.
☐ is a minor who continues to need a guardian.
☐ is no longer in need of a ☐ guardian. ☐ conservator.

☐ 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.

☐ 7. A coguardian is necessary.

IT IS ORDERED:

☒ 8. The petition is ☒ granted. ☐ denied on the merits. ☐ dismissed/withdrawn.

☐ 9. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.

☒ 10. Mary Smith is ☐ removed ☒ permitted to resign as Guardian.
Name of fiduciary Type of fiduciary
☐ S/he shall file with this court and serve on the interested persons a final account no later than _____
Date

(SEE SECOND PAGE)

Do not write below this line - For court use only

[x] 11. Sally Jones 989 First Street
Name Address
Waterford, Michigan 48327 (248) 777-7777 is appointed
City State Zip Telephone no.

Name Address
City State Zip Telephone no. is appointed

[X] a. successor **guardian of the incapacitated individual** and qualifies by filing an acceptance of appointment.

The guardian shall have the following powers:

[X] full guardian with all authority and responsibilities granted and imposed by law.

[] except as follows: _____

[] limited guardian with only the following powers: _____

[] temporary guardian and shall serve until _____ with the following powers: _____
Date

[] In addition, guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

[] Bond of \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

[] b. successor [] full [] limited [] temporary **guardian of the minor child** and qualifies by filing an acceptance of appointment. [] Bond of \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

[] The temporary guardian shall serve until _____ with the following powers: _____
Date

[] Child support shall be paid: [] as stated in the placement plan.

[] _____

[] c. [] successor [] special **conservator** and shall have the following powers: _____

An acceptance of appointment is to be filed. [] Bond of \$ _____ must be filed.

The conservator is not permitted to act until letters of conservatorship are issued. After qualification, the conservator shall comply with all relevant requirements under the law.

[x] 12. The [x] guardianship [] conservatorship is [] terminated [x] modified as follows: _____

[x] 13. The [x] attorney [x] guardian ad litem for the individual is discharged.

[] 14. Other:

15. The matter is [] closed. [x] not closed.

April 27, 2022
Date

Judge Hon. Daniel O'Brien (P 42120)

Attorney name (type or print) Bar no.

Address City State Zip Telephone no.