

# Adult Guardianships (Legally Incapacitated Individuals)

## Filing Procedures

These instructions have been prepared by the Leelanau County Probate Court staff to assist you in correctly completing the guardianship process. **The Probate Court staff will assist you if you have further questions about procedures; however, staff is prohibited from giving legal advice.** If you do not understand these instructions or are not able to fill out the petition and other forms by yourself, you may want to speak to an attorney.

**Filing Fee**                \$150.00                OR  
Affidavit and Order Suspension of Fees/Costs ([MC 20](#)) and  
Financial Statement ([MC 287](#))

**Required for Filing**

- [PC 666](#), What You Need to Know before Filing a Petition to Appoint a Guardian for an Incapacitated Adult
- [PC 625](#), Petition for Appointment of Guardian of Incapacitated Individual (if an emergency exists, see procedures for appointment of a [Temporary Guardian](#))
- Letter or supporting statement from a treating physician
- [PC 571](#), Acceptance of Appointment – one for each nominated guardian
- [PC 570](#), Bond of Fiduciary (if ordered)
- [Records Check Release – Adult](#) – one for each nominated guardian

**Hearing Date**                Upon filing, a hearing date will be set, typically 3-4 weeks after the petition is filed. The court will generate a Notice of Hearing and enough copies of the Petition and Notice for the Petitioner to serve on all interested persons.

The petitioner must appear at the hearing. The alleged legally incapacitated individual has a right to be present at the hearing, if they are able and wish to attend. If the individual wishes to be present for the hearing, it is the Petitioner's responsibility to arrange transportation to the court. If the petitioner fails to provide transportation, the hearing will be adjourned until a later date.

You, the Petitioner, must attend the hearing or your Petition will be dismissed. When you arrive for the hearing please check in at the Probate Court office to make sure the court has received all proofs of service and other documentation required before the hearing is held.

**Notice to Interested Persons**                **It is the Petitioner's responsibility to serve all interested persons with a copy of the Petition and Notice of Hearing and file Proof of Service with the Court.** If you do not complete service, the hearing will need to be rescheduled and re-noticed.

Personal Service means delivering copies to the individual in person.

Service by Mail means mailing copies (only first class mail is required).

Publication is required for persons whose address or whereabouts are unknown. See below.

The individual must be served personally:

- At least 24 hours prior to an emergency hearing for a temporary guardian.
- At least 7 days prior to the regular hearing to appoint a guardian.

Other interested persons must be served:

- At least 14 days prior to the hearing if service is by mail or publication.
- At least 7 days prior to the hearing if served personally.

### **Interested Persons**

Interested persons on a Petition for Appointment of Guardian of Incapacitated Individual:

- The individual alleged to need protection – personal service
- Other persons listed in #4, #8, #9, #10, #11, #12, and #14 of the Petition.
- Depending on the facts of the case, there may be additional interested persons.

### **Government Agencies**

When any of the following are parties of interest on your petition, they must be served, either personally or by mail at:

Mr. Dean Slicer, Fiduciary Hub  
**US Dept. of Veterans Affairs**  
 575 N. Pennsylvania St.  
 Indianapolis, IN 46204  
 \*Serve if individual receives VA benefits

Assistant **Attorney General**  
 State Public Administration  
 PO Box 30736  
 Lansing, MI 48909  
 \*Serve if individual has no presumptive heirs

**Social Security Administration**  
 1329 South Division St.  
 Traverse City, MI 49684  
 \*Serve if individual receives Soc. Sec. benefits

**Michigan Dept. of Human Services**  
 701 S. Elmwood, Suite 19  
 Traverse City, MI 49684  
 \*Serve if individual receives DHS assistance

### **Proof of Service**

The Petitioner must file a Proof of Service ([PC 564](#)) with the Probate Court before the hearing date indicating all the interested parties have received the above documents. No hearing can be held without it. Note the separate sections for "Service by Mail" and "Personal Service" and use them accordingly. See also [Instructions for Proof of Service](#).

## **Publication**

If the address of an interested person is unknown, the Petitioner must file a Declaration of Intent to Give Notice by Publication, ([PC 617](#)) and publish (at your expense) a Publication of Notice of Hearing, ([PC 563](#)). Notice must be published in the county where the court is located one time at least **14 days** before the hearing. The Petitioner must pay the newspaper for this publication in order for the notice to be published in the paper. The newspaper should send us verification of publication; however, it is your responsibility to make sure it is received by the court.

For more information on publication, you may wish to contact:

Leelanau Enterprise  
 7200 E. Duck Lake Rd.  
 Lake Leelanau, MI 49653  
 (231) 256-9827  
[legals@leelanaunews.com](mailto:legals@leelanaunews.com)

**Guardian ad Litem**

The court by law must appoint a guardian ad litem (GAL) for the individual, unless the individual has retained his or her own attorney. The GAL is a local attorney appointed by the court to meet with the individual before the hearing, explain the rights contained in the Notice to Alleged Incapacitated Individual, investigate the situation and reason for the petition, and make a report and recommendation to the court representing the individual's best interests. The court may order payment for the GAL from the individual's funds.

**After Appointment**

One year after appointment and each year thereafter, the guardian files an Annual Report of Guardian on Condition of Legally Incapacitated Individual ([PC 634](#)) and Proof of Service ([PC 564](#)) showing service on the Interested Persons. The filing may be made in person or mailed to the court office. As a service, the Leelanau County Probate Court sends reminder notices and required forms to the guardian each year near the anniversary date. If the Annual Report is not filed within 56 days of the anniversary date, the court will send a Notice of Deficiency. Further delinquency may result in a "show cause" hearing for the guardian to appear in court and explain why the form was not timely filed.

A guardian must also notify the court within 14 days of any change in the ward's place of residence or within 7 days of the guardian's place of residence.

**Court Contact**

Leelanau County Probate Court  
8527 E. Government Center Dr., Suite 203  
Suttons Bay, MI 49682  
(231) 256-9803 PH  
(231) 256-9845 FAX  
[probate-juvenilecourt@co.leelanau.mi.us](mailto:probate-juvenilecourt@co.leelanau.mi.us)

Susan L. Richards, Probate Register  
[srichards@co.leelanau.mi.us](mailto:srichards@co.leelanau.mi.us)

**WHAT YOU NEED TO KNOW  
BEFORE FILING A PETITION  
TO APPOINT A GUARDIAN  
FOR AN INCAPACITATED ADULT**

»» **What is a guardian?**

A guardian is a person appointed by a probate court and given power and responsibility to make certain decisions about the care of another individual. These decisions might include treatment decisions or where the individual should live. If the individual has a reduced life expectancy because of advanced illness, the guardian may have the power to make an informed decision on behalf of the individual regarding receiving, continuing, discontinuing, or refusing medical treatment. The duties of a guardian are listed in statute.

A **full guardian** can make all decisions for the individual. A **limited guardian** can only make decisions for the individual that the court allows.

»» **When can the court appoint a guardian?**

The court can appoint a guardian when it finds the person is a legally incapacitated individual and determines that a guardian is necessary.

»» **What is a "legally incapacitated individual"?**

A legally incapacitated individual is an adult the court finds to be so impaired by mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, that the individual lacks the understanding or capacity to make or communicate informed decisions.

»» **Is a guardian needed for an individual who may be legally incapacitated?**

A guardian might not be necessary if someone already has legal authority to make decisions for the individual and there are no problems with the decisions being made.

»» **How is a proceeding for a guardian started?**

Any person interested in the individual's welfare may complete a *Petition for Appointment of Guardian of Incapacitated Individual* (form PC 625) and file it, along with the filing fee, with the probate court where the individual resides or is presently located.

»» **Is a lawyer necessary?**

No, but a lawyer can be helpful, especially if someone objects to the appointment of a guardian, the authority being given, or the person you are asking to be appointed as the guardian.

»» **Can mediation be used for disagreements about a guardianship?**

Certain disagreements about a request for a guardian may be mediated outside the court if all parties agree to attend mediation or if a judge orders parties to attend mediation. The court clerk can tell you if mediation services are available in your court.

»» **What happens when the court accepts a petition for filing?**

After the petition is accepted for filing, the court will appoint a person called a guardian ad litem to visit the individual to explain the guardianship proceedings and to make recommendations to the court as a result of the visit.

It is important for you to cooperate with the guardian ad litem. The guardian ad litem does not have the authority to make decisions for the individual. The individual may have to pay for the guardian ad litem.

If necessary, the court may also order the individual to be examined by a physician or a mental health professional.

»» **What will the guardian ad litem do?**

The guardian ad litem will personally visit the individual and explain to the individual the nature, purpose, and legal effects of the appointment of a guardian. The guardian ad litem will:

- 1) give the individual form PC 626, *Notice of Rights to Alleged Incapacitated Individual*, that explains the individual's rights as outlined in MCL700.5306a(1);
- 2) explain the hearing procedure to the individual and explain the individual's rights during the hearing;
- 3) inform the individual of the name of anyone seeking appointment as guardian; and
- 4) inform the court of the guardian ad litem's determinations about the individual's wishes.

»» **Can the individual get a guardian immediately in an emergency?**

If an emergency exists, the judge may appoint a temporary guardian to serve until a hearing on the petition can be held.

**ALTERNATIVES TO A FULL GUARDIAN**

The following five alternatives must be planned by the individual before the individual becomes mentally incapable of making the decisions.

**1. Health Care Power of Attorney**

Also called a *patient advocate designation* or a *durable power of attorney for health care*. This document enables an individual to name an agent (called a *patient advocate*) to make health care decisions for the individual when he or she is not capable or not competent to do so. The document may cover any type of health care decision including guidance to the agent about the type and extent of health care desired. It can also include authority to withhold or to withdraw life support services.

**2. Do-Not-Resuscitate Order**

A do-not-resuscitate order is a document directing that if an individual's heart and breathing stop, the individual does not want to be revived. The do-not-resuscitate order informs health care professionals not to try to revive the individual. A do-not-resuscitate

order may be signed by a ward, guardian, or patient advocate in the manner required by law.

If the ward is an individual who opposes medical treatment on religious grounds, there are separate legal requirements for a do-not-resuscitate order. A do-not-resuscitate order of this type may be signed by a ward or patient advocate in the manner required by law.

### 3. Power of Attorney

A power of attorney is a document signed by a competent person giving another person the power to manage some or all of the individual's affairs.

A power of attorney is durable if it remains valid even if the maker of the power of attorney later becomes disabled or incapacitated. A durable power of attorney is the means for a mentally competent adult to grant a person (called *an agent*) authority to act for the individual if incapacity occurs. It usually affects property decision-making but may affect health care decisions. See the Health Care Power of Attorney (described in item 1).

### 4. Trust

A trust may be a substitute for a conservator and a will. The trust expresses the desires of the maker (called a *settlor*) about the management of the individual's assets during his or her lifetime and when physically or mentally unable to manage the assets.

Under a trust, assets are owned by the trust and managed by the trustee for the benefit of the person(s) to be protected. The trust also names the individuals to whom the assets will go upon the settlor's death. A trustee usually is the maker of the trust at first and frequently names a relative to be the successor. Professional trustees often serve in this highly responsible position.

### 5. Joint Ownership

Joint ownership provides that certain assets are held by two or more persons and may entitle any of the owners to have control and management of the assets.

Some of the assets that can be held in joint ownership are real estate, bank accounts, corporate stocks, and mutual funds. A joint owner can apply the funds of an account for the disabled co-owner without court action. This can involve the loss of sole control over the funds by the disabled person and can result in dishonest use of funds by the co-owner.

The following five alternatives do not need to be planned by the individual before the individual becomes mentally incapable of making the decisions.

#### 1. Limited Guardian

A guardian who makes only those decisions for the individual that the court allows.

#### 2. Conservator

A conservator is a person appointed by probate court and given power and responsibility for the estate (financial assets and property) of an adult (called a *protected individual*).

If an individual has property such as real estate, large bank accounts, or stock that the individual can no longer manage, it may be appropriate to file a petition for a conservator. See separate instructions on **Conservatorship Proceedings**.

#### 3. Protective Order

When only a single transaction affecting the property of a disabled person is required, the probate court may enter a protective order for this one-time matter.

At a hearing, the court may authorize, direct, or ratify any contract, trust, or other transaction relating to that person's financial affairs or estate

without appointing a conservator or a guardian.

### 4. Representative Payee

A representative payee is appointed by a government agency to receive, manage, and spend government benefits for a beneficiary. This is most often done for Social Security benefits. The beneficiary may request a representative payee, but usually the agency requires one when the beneficiary is no longer able to manage benefits.

A payee is approved by the agency and there is no court involvement. The representative payee's authority is limited to the government funds for which he or she is the payee.

### 5. Special Services for the Aging

Many communities provide voluntary services available upon request to help the aging with their financial affairs. Services may include depositing and writing checks, balancing checkbooks, paying bills, preparing insurance claims, preparing tax information and counseling, and applying for public benefits and counseling.

The Office of Services to the Aging and the Department of Human Services, as well as church organizations, provide these services in many communities. A person capable of asking for or accepting the services must request the services be provided in order to receive them.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF \_\_\_\_\_

PETITION FOR  
APPOINTMENT OF GUARDIAN OF  
INCAPACITATED INDIVIDUAL

FILE NO. \_\_\_\_\_

**(A)** In the matter of \_\_\_\_\_, Alleged incapacitated individual **XXX-XX-** Last four digits of SSN

<b>(B)</b> Date of birth	Race	Sex	Address of alleged incapacitated individual where now found
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**(C)** 1. I, \_\_\_\_\_, Name (type or print), am interested in this matter and make this petition as \_\_\_\_\_, 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 \_\_\_\_\_, City, village, or township, \_\_\_\_\_ County, \_\_\_\_\_ State and has a home address and telephone number of \_\_\_\_\_, Address \_\_\_\_\_, 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.  \_\_\_\_\_.

**(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.)  
\_\_\_\_\_  
\_\_\_\_\_

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

(SEE SECOND PAGE)

**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

**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, 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			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.
		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 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_, who has priority as  
 City State Zip Telephone no.  
 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** \_\_\_\_\_ Date \_\_\_\_\_  
 Attorney signature  
 \_\_\_\_\_  
 Attorney name (type or print) Bar no. Petitioner signature  
 \_\_\_\_\_  
 Attorney address Petitioner address  
 \_\_\_\_\_  
 City, state, zip Telephone no. City, state, zip Telephone no.

**Q**  14. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL** In the event the court finds that I require a guardian, I nominate: \_\_\_\_\_  
 Name, address, and 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, race, and sex of the individual named in **A**. 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. 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.
- N** 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, sign your name, and enter your address and telephone number.
- 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.



<b>STATE OF MICHIGAN</b> JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	<b>WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)</b>	<b>CASE NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff/Petitioner name	<b>v</b>	Defendant/Respondent name
Plaintiff's/Petitioner's attorney and bar no.		Defendant's/Respondent's attorney and bar no.
<input type="checkbox"/> Probate In the matter of _____		

**NOTE:** Requests for waiver/suspension of transcript costs or mediation fees must be made separately by motion.

**AFFIDAVIT**

1. I ask the court to waive/suspend fees and costs for the following reason: (check either a or b)

a. I am currently receiving public assistance: My DHS case number is \_\_\_\_\_ .  
(MCR 2.002[C] requires the court to suspend payment of fees and costs.)

**OR**

b. I am unable to pay fees and costs because of indigency, based on the following facts:  
 My average gross income is about \$ \_\_\_\_\_ every  week.  two weeks.  month.  
 I am receiving unemployment benefits.  
 I am not employed.  
 I have a vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
 The total amount in all my bank accounts is: \$ \_\_\_\_\_  
 Write down any other assets and how much they are worth. If you need more space, attach a separate sheet.

I pay \$ \_\_\_\_\_ in rent/mortgage every month. I pay \$ \_\_\_\_\_ in utilities (water, electricity, gas) every month. I pay \$ \_\_\_\_\_ for court-ordered child support. I pay \$ \_\_\_\_\_ for court-ordered \_\_\_\_\_ .  
 Write down any other obligations and how much you pay. If you need more space, attach a separate sheet. specify

2. The number of people living in my household is \_\_\_\_\_ .  
 3. I am signing this affidavit for a person who  is a minor.  has the following disability \_\_\_\_\_ .

\_\_\_\_\_  
Applicant signature  
 \_\_\_\_\_  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

**ORDER**

**IT IS ORDERED:**

- 1. The applicant has shown by ex parte affidavit that he/she is
  - a. receiving public assistance, and payment of fees and costs are waived/suspended pursuant to MCR 2.002(C).
  - b. indigent and payment of fees and costs are waived/suspended pursuant to MCR 2.002(D).
 The applicant is required to notify the court if the reason for waiving/suspending the fees and costs no longer exists.
- 2. The application is denied.

\_\_\_\_\_  
Date Judge

## **INSTRUCTIONS FOR USING FORM MC 20, WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)**

### **»» CAN I FILE MY LEGAL PAPERS WITH THE COURT FREE OF CHARGE?**

When you file a legal paper with the court or are ordered to case evaluation, you are often required to pay certain fees. If you cannot afford these fees, you can ask the court to "waive" or "suspend" them using this form (MC 20).

### **»» FILING AN AFFIDAVIT**

#### **1. Prove That You Cannot Afford to Pay a Filing Fee**

You must show the court that you cannot afford to pay the fees. If you receive public assistance, you must give the court your DHS case number. If you do not receive public assistance, you must give the court information about your assets and obligations. An asset is something you own, such as money, a car, a house, or other property. An obligation is something you owe, such as rent, a loan payment, utilities, court-ordered child support, etc.

#### **2. Complete Form MC 20**

After you prepare the legal papers you want to file with the court, complete form MC 20.

If you are receiving public assistance, check the box in front of item 1a. Write in your DHS case number. Public assistance means you are receiving help from the Michigan Department of Human Services and/or are receiving federal social security income (SSI), which includes Medicaid (a DHS program). It does not include benefits such as veterans assistance (VA benefits) or unemployment. Do not check the box in front of item 1b. Gross income means before any deductions.

If you are not receiving public assistance, check the box in front of item 1b. Check all the boxes that apply to you. If you are not employed, check that box. Write in all the requested information about your assets and obligations.

Do not sign the form until you are in front of a notary public or the clerk of the court.

#### **3. Sign the Affidavit Under Oath**

After form MC 20 is completed, sign it under oath in front of a notary public or a clerk of the court. You must bring your photo identification with you when you sign the affidavit. There may be a fee to have your affidavit signed in front of a notary public.

#### **4. Make Copies**

After you have signed the affidavit under oath, make a copy of the completed form for your records. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., make another copy of the completed form for the friend of the court office. If you are at the court when you sign the affidavit, you can ask the clerk of the court to make copies for you. There may be a cost to make the copies.

#### **5. File Form MC 20**

Take or mail the original and all copies of this form (MC 20) to the clerk of the court along with any other legal papers you want to file. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., include the friend of the court copy you made in step 4. If you mail the form, include a postage-paid envelope with your return address.

### **»» GETTING A SIGNED ORDER**

When you file your affidavit with the court, the clerk of the court will give it to the judge. The judge will make a decision and will sign the order. The clerk of the court will keep the original and return a signed copy to you. The clerk of the court will send a copy to the friend of the court if you filed that copy.

<b>STATE OF MICHIGAN</b>	<b>FINANCIAL STATEMENT</b>	<b>CASE NO.</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

PERSONAL INFORMATION					
Name (last, first, middle)				Date of birth	SSN (last 4 digits)
Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.			City	Zip	
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.	State	E-mail address
Mailing address (if different than above)			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____		
Name and address of nearest living relative			Relationship	Phone no.	
Names of dependents		Dates of birth	Student (Yes/No)	College/University	
Employer 1 (Company name and address)				Length of employment	
Employer 2 (Company name and address)				Length of employment	
If self-employed, type of business/trade		If unemployed, source of support <input type="checkbox"/> General assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date filed		Date completed	
ASSETS					
Vehicle #1		Year / Make			Present value \$
Vehicle #2		Year / Make			Present value \$
Bank/Financial account no.		Name and address of financial institution			Present balance \$
Investment/Brokerage account no.		Name and address of financial institution			Present balance \$
Other property such as real estate, boats, snowmobiles (describe)					Value \$
<b>TOTAL ASSETS</b>					<b>\$</b>

MONTHLY INCOME	
Gross monthly income (self)	\$
Gross monthly income (spouse)	\$
Unemployment benefits	\$
Social security	\$
Retirement/Pension benefits	\$
Child support	\$
Alimony/Maintenance	\$
Disability	\$
Veteran's benefits	\$
Interest/Dividends	\$
Other (cash):	\$
<b>TOTAL INCOME</b>	<b>\$</b>

MONTHLY EXPENSES	
Mortgage or rent	\$
Utilities	\$
Vehicle payments	\$
Insurance (vehicle/health/life)	\$
Other loan payments	\$
Child support/Alimony	\$
Medical payments	\$
Court payments	\$
Other:	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**Financial Report Authorization:** I authorize the court, the court's funding unit, and their employees or agents to obtain a consumer credit report and other financial information about me from a consumer credit reporting agency or any other entity.

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**ACCEPTANCE OF APPOINTMENT**

**FILE NO.**

In the matter of \_\_\_\_\_

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility the  
not to exceed 91 days

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.

\_\_\_\_\_  
Date of birth

**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

In the Matter of \_\_\_\_\_, **Adult**

Probate Court File No.: \_\_\_\_\_

## RECORDS CHECK RELEASE FOR PROPOSED GUARDIAN AND/OR CONSERVATOR

The Leelanau County Probate Court routinely completes guardianship/conservatorship investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Criminal/Driving history check.

Provide the following Information regarding the proposed guardian and/or conservator.

Release Form to be Completed for Each Proposed Guardian and/or Conservator

NAME: \_\_\_\_\_

Race: \_\_\_\_\_ Gender  M  F

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Maiden/other name(s) previously used:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I authorize the Leelanau County Probate Court to conduct a criminal/driving history check and request information from any human services agency as may be appropriate for my appointment by this Court as a guardian/conservator.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed guardian/conservator

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone No.

Do not write below this line – Court use only

ICHAT Received: \_\_\_\_\_

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>DECLARATION OF INTENT TO GIVE NOTICE BY PUBLICATION</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_

Service of \_\_\_\_\_ cannot be made on  
specify document(s)

_____ Name	_____ Address
_____ City	_____ State      _____ Zip

I intend to publish notice on this individual because his/her address or whereabouts are unknown. I have made the following diligent efforts to ascertain his/her address or whereabouts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (type or print)      Bar no.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip      Telephone no.

\_\_\_\_\_  
City, state, zip      Telephone no.

NOTE: Complete a separate form (PC 617) for each person to be notified by publication. When publication is completed, prepare form PC 564 (Proof of Service), and cause an affidavit of publication to be filed with the court.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PUBLICATION OF NOTICE OF HEARING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

TO ALL INTERESTED PERSONS including:

whose address(es) is/are unknown and whose interest in the matter may be barred or affected by the following:

**TAKE NOTICE:** A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

at \_\_\_\_\_ before Judge \_\_\_\_\_  
Location Bar no.

for the following purpose:

_____		_____	
Attorney name (type or print)	Bar no.	Petitioner name (type or print)	
_____		_____	
Address		Address	
_____		_____	
City, state, zip	Telephone no.	City, state, zip	Telephone no.

**PUBLISH ABOVE INFORMATION ONLY**

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_.

Furnish affidavit of publication to the court.

Forward statement for publication charges to \_\_\_\_\_.

**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