

Adult Conservatorships (Protected Individuals)

Filing Procedures

These instructions have been prepared by the Leelanau County Probate Court staff to assist you in correctly completing the conservatorship 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.

Fees Filing Fee: \$175.00 or Fee Waiver Request (Form [MC 20](#))
 Certified copy of Letters: \$12.00 (per copy)

Required for Filing [PC 639](#) Petition for Appointment of Conservator and/or Protective Order
 [MC 97](#) Protected Personal Identifying Information
 [PC 571](#) Acceptance of Appointment – one for each nominated conservator
 [MC 97a](#) Addendum to Protected Personal Identifying Information
 [PC 630](#) Report of Physician (not required, but highly recommended)

Hearing and Notice to Interested Persons Upon filing, a hearing date will be set, typically 2-4 weeks after the petition is filed. The court will generate a Notice of Hearing and notify all interested persons.

The Petitioner, **must** attend the hearing or their Petition will be dismissed.

In some cases it is the Petitioner's responsibility to serve the interested persons with a copy of the documents filed and must file a Proof of Service with the Court. The Court will inform you who is responsible for serving documents.

Personal Service means delivering copies to the individual in person.

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

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

The individual to be protected must be served personally:

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

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 on a Petition for Appointment of Conservator or Protective Order:

- The individual alleged to need protection
- Other persons listed in #4, #8, #9, #10, and #13 of the Petition.
- Depending on the facts in 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

If documents are served by the petitioner, then the petitioner must file a Proof of Service ([PC 564](#)) with the Probate Court before the hearing date indicating all the interested parties have been served.

No hearing can be held without proof of proper service and the hearing may be adjourned or canceled.

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

Guardian ad Litem/ Attorney The court may appoint a Guardian ad Litem (GAL) to conduct an investigation and report back to the court. If the individual for whom a conservator is sought is contesting, then an attorney will be appointed by the court. **NOTE: The fees are the responsibility of the petitioner, or they can be paid from the person's estate if the funds are available.**

After Appointment Within 56 days of appointment, an Inventory ([PC 674](#)) must be filed and copies mailed to the Interested Persons. A Proof of Service ([PC 564](#)) is filed with the court to show this has been done. The Inventory lists assets (i.e. real estate, checking and savings accounts, stocks and bonds, certificates of deposit and personal belongings which need not be itemized) of the adult as of the date of the conservator's appointment.

One year after appointment and each year thereafter, the conservator files an Account of Fiduciary ([PC 584](#)) and Proof of Service ([PC 564](#)) showing service on the Interested

Persons. The account lists every expenditure and receipt for the year and assets remaining on hand at the end of the accounting period. As a service, a reminder will be sent to the conservator in advance with the blank form. Failure to file the account may lead to suspension proceedings.

A conservator must notify the court within 14 days of any change in the adult's place of residence or within 7 days of the conservator'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

Kristina Mattis, Probate Register
kmattis@leelanau.gov

**WHAT YOU NEED TO KNOW BEFORE
FILING A PETITION TO
APPOINT A CONSERVATOR**

»» **What is a conservator?**

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

»» **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 due to 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. 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 would a conservator be needed?**

A conservator may be needed when the individual is unable to manage his or her property and financial affairs effectively because of certain reasons and:

- 1) he or she has property that will be wasted or used up unless proper management is provided; or
- 2) funds are needed for the support, care, and welfare of the adult and any of his or her dependents.

A mentally competent adult who, because of age or physical limitation, may voluntarily petition the

court himself or herself for the appointment of a conservator to assist in managing his/her estate.

Some of the reasons that might prevent the individual from being able to manage his or her property and financial affairs are:

- 1) mental illness or deficiency;
- 2) physical illness or disability;
- 3) chronic use of alcohol /other intoxicants;
- 4) confinement;
- 5) detention by a foreign power; or
- 6) disappearance.

»» **Is a conservator needed for an individual who cannot manage his or her property or financial affairs effectively?**

A conservator might not be necessary if someone else already has legal authority (an individual with power of attorney, for example) to make decisions about the individual's estate and there are no problems with the decisions being made.

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

Any person who is interested in the individual's welfare may complete a Petition for Appointment of Conservator (form PC 639) and file it, along with the filing fee, with the probate court.

»» **Is a lawyer necessary?**

No, but a lawyer can be helpful, especially if any interested person opposes the appointment of a conservator.

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

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 order parties to attend mediation. The court clerk can tell you if

mediation services are available in your court.

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

After the petition is accepted for filing, the court will appoint a *guardian ad litem* to represent the individual in the court proceeding unless the individual has his or her own lawyer or unless a mentally competent adult voluntarily requests the appointment.

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. The court may also send someone (called a *visitor*) to interview the individual. The visitor may be the guardian ad litem or a court officer or court employee.

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

If the court believes an individual's estate requires immediate protection before appointing a conservator, the court may issue a preliminary protective order. This order may involve the appointment of a special conservator. The order will authorize specific acts that provide for immediate protection of the individual's assets.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

A In the matter of _____, 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.

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

B 1. I, _____, am interested in this matter
Name
and make this petition as _____.

C 2. The individual was born _____, resides in _____ County
State interest/relationship 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 LEELANAU	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Marian Kromkowski
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Court address Court telephone no.
 8527 E. Government Center Drive, Suttons Bay, Michigan 49682 231-256-9803

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: _____

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	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

<p>STATE OF MICHIGAN PROBATE COURT LEELANAU COUNTY</p>	<p>ACCEPTANCE OF APPOINTMENT</p>	<p>CASE NO. and JUDGE Hon. Marian Kromkowski</p>
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<p>Court address 8527 E. Government Center Drive, Suite 203, Suttons Bay, Michigan 49682</p>	<p>Court telephone no. 231-256-9803</p>
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In the matter of _____
First, middle, and last name

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

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

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

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

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

 Date

 Signature

 Attorney name (type or print) Bar no.

 Name (type or print)

 Attorney Address

 Address

 City, state, zip Telephone no.

 City, state, zip Telephone no.

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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY LEELANAU	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Marian Kromkowski
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Court address 8527 E. Government Center Drive, Suite 203, Suttons Bay, Michigan 49682	Court telephone no. 231-256-9803
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Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

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

Instructions:

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

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

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

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PUBLICATION OF NOTICE OF HEARING	FILE NO.
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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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

Plaintiff/Petitioner's name, address, and telephone no.	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

Instructions: Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - Medicaid (including Healthy Michigan, CHIP, and ESO)
 - Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other means-tested public assistance: _____
- My public assistance case number(s) (if any) is _____
Write "none" if no case number. Do not write your SSN.

2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____

3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____
- My source of income is _____
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

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

 Date Signature

CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

1. Payment of filing fees is waived because:
- a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

2. The fee waiver request is denied because:
- a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)