

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

In the matter of _____
First, middle, and last name

Petitioner's name, address, and telephone no.

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

1. I, _____, am interested in this matter and make this petition as
Name (type or print)

_____.
State interest/relationship

2. The developmentally disabled individual's address and telephone number are _____
Address

_____.
City State Zip Telephone no.

3. The guardian's address is _____

_____.
City State Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE (if minor)	
	Street address			
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:16%;">State</td> <td style="width:16%;">Zip</td> <td style="width:35%;">Telephone no.</td> </tr> </table>			City
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STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

If this form is filed on or after April 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on April 1, 2022. 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:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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 document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the 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

BERRIEN COUNTY PROBATE COURT/FAMILY COURT

File Name: _____

File Name: _____

ADULT GUARDIANSHIP/CONSERVATOR
RECORDS CHECK RELEASE

Please be informed that the Berrien County Probate Court routinely completes guardian/conservator investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Protective Services Central Registry check/criminal/driving/history/prior bankruptcy check through LEIN or other services. Please provide the following information regarding the proposed guardian(s)/conservator(s). **PRINT CLEARLY. Attach photo identification (e.g. a copy of your driver's license)**

NAME: _____

NAME: _____

RACE: _____ GENDER: _____

RACE: _____ GENDER: _____

MAIDEN NAME/ NAME
PREVIOUSLY USED: _____

MAIDEN NAME/ NAME
PREVIOUSLY USED: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

DRIVERS LICENSE #: _____

COMPLERE NAMES OF _____
ALL OTHER CHILDREN _____
AND ADULTS LIVING IN _____
THE HOUSE _____

COMPLERE NAMES OF _____
ALL OTHER CHILDREN _____
AND ADULTS LIVING IN _____
THE HOUSE _____

I authorize the Berrien County Pronate Court to request information about me/us from any human services agencies (e.g. Michigan Department of Human Services) as may be appropriate and I also authorize a criminal/driving history/prior bankruptcy check through LEIN or other services.

DUE DATE: _____

Date

Signature of proposed guardian(s)/conservator(s)

Street address

City, State, Zip

COMMENTS

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

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

Date

Attorney name Bar no.

Petitioner name

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

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

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF RIGHT TO REQUEST DISMISSAL OF GUARDIAN OR MODIFICATION OF GUARDIANSHIP ORDER	FILE NO.
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In the matter of _____, an individual with a developmental disability
 TO: _____

1. You, or any person helping you, may tell this court at any time that: a) you do not want a guardian any more, b) you want a different guardian, or c) you want the court to change what your guardian is allowed to do.
2. You, or any person helping you, may tell the court what you want in a letter, in a telephone call, or in any other way.
3. Your guardian may be discharged or have his or her duties modified when your capacity to perform the tasks necessary for care of yourself or the management of your estate have changed so as to warrant modification or discharge. You, your guardian, or any interested person on your behalf may petition the court for a discharge or modification order.
4. If you make a request to modify or terminate the guardianship, it may be communicated to the court by any means, including oral communication or informal letter. After receiving the communication, the court will appoint a suitable person to prepare and file with the court a petition reflecting the communication.
5. After receiving a petition, the court will conduct a hearing. At the hearing, you will have all the following rights.
 - a. You have a right to be represented by an attorney.
 - b. Unless an appearance has been entered on your behalf, the court, within 48 hours after receiving a petition, will appoint an attorney to represent you.
 - c. You may demand that a jury decide any issue of fact. The jury will consist of six persons.
 - d. You may present evidence and confront and cross-examine all witnesses.
 - e. You have a right to have the hearing closed to the public if you or your attorney requests it.
 - f. You must be present at all court proceedings. Your presence may be excused by the court only on a showing, supported by an affidavit signed by a physician or psychologist who has recently examined you, that your attendance would subject you to serious risk of physical or emotional harm.
 - g. You have the right to have an independent evaluation at your own expense. If you cannot afford it, the evaluation will be paid for by the state.
6. After the hearing, the court will enter a written order stating the factual basis for its findings and may do any of the following:
 - a. dismiss the petition,
 - b. remove the guardian and end the guardianship,
 - c. remove the guardian and appoint a successor guardian,
 - d. modify the original guardianship order, or
 - e. make any other order it considers appropriate and in your interests.

PROOF OF SERVICE

I certify that on this date a copy of this notice was personally served on _____
Name

and that I made a reasonable effort to verbally inform the individual of his/her right to request at a later date the dismissal or modification of his/her guardianship order.

 Date

 Signature of server

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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 PROBATE COURT COUNTY OF	ORDER REGARDING TERMINATION/MODIFICATION OF GUARDIAN FOR INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
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In the matter of _____
First, middle, and last name

1. Date of hearing: _____ Judge: _____ 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 the guardianship was filed with this court and should be granted. denied.
 b. On the court's own motion, the guardianship should be terminated. modified.
- 4. The guardian 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.
- 5. The individual continues to require a guardian based on the same criteria found by the court on the original petition.
 is no longer in need of a guardian.
 is in need of a standby guardian.
- 6. There is no qualified, suitable individual willing to act as guardian and the appointment of a professional guardian is in the best interest of the individual. A bond must be filed.

IT IS ORDERED:

- 7. _____ is removed permitted to resign as _____ .
Name of guardian Type (plenary, partial, standby)
 S/he shall file with this court and serve on the interested persons a final account no later than _____ .
Date
 The _____ guardian is discharged. The matter is closed. not closed.
Type (plenary, partial, standby)

- 8. _____ is appointed successor
Name Address
City State Zip Telephone no.

plenary partial temporary guardian of the individual estate and qualifies by filing an acceptance of appointment. Bond at \$ _____ 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

(SEE SECOND PAGE)

Do not write below this line - For court use only

9. _____
Name Address

City State Zip Telephone no. is appointed

standby guardian. successor standby guardian.

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

an acceptance of appointment
 bond in the amount of \$ _____

and shall assume the powers and duties of the initially appointed guardian. After qualification, the standby guardian shall comply with all relevant requirements under the law.

10. The guardianship is modified as follows:

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

Name of facility

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

13. Other:

Date

Judge

Attorney name (type or print) Bar no.

Address City State Zip Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY**

**LETTERS OF GUARDIANSHIP OF
INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY**

FILE NO.

In the matter of _____, an individual with a developmental disability
First, middle, and last name

TO:

Name, address, city, state, and zip

Guardian's telephone no.

You have been appointed and have qualified as partial guardian estate
 plenary guardian of the person of the individual

named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules,
and order of this court unless limited below.

The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ .
Date

Date

Judge Bar no.

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

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

Date

Deputy probate register/clerk

Do not write below this line - For court use only

AS REQUIRED BY MICHIGAN COURT RULES YOU ARE NOTIFIED:

You are required 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 OF ADDRESS: You are required to promptly inform the court of any change in the ward's address 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 the condition of the individual with developmental disability is due on _____
of each year. (Use form PC 663.) Date

ACCOUNTS: You must file with this court once a year, either on the anniversary date of your letters of guardianship 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 trust. 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.")

INVENTORY: You are required by law to prepare an inventory of the assets of the estate that you have been given authority over within 56 days from the date of your appointment. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the guardian.

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