PCS Code: CSR
TCS Code: CSV

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR ☐ APPOINTMENT OF CONSERVATOR ☐ PROTECTIVE ORDER	CASE NO. and JUDGE

Court address **Court telephone no.**

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

Put last 4 digits of SSN in Ref. No. row 2 on MC 97.
XXX-XX- _____
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 _____ .
State interest/relationship

C 2. The individual was born Put DOB in Ref. No. row 1 on MC 97. _____ , resides in _____ County
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