JIS Code: PEG

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE

Court address **Court telephone no.**

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

(B)

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

(C) 1. The individual named above, age _____ , is a resident of _____ ,
County
Michigan, and presently lives with/at _____ at
Name of person or center or facility
_____ .
Address City State Zip Telephone no.

Put DOB in box 1 on MC 97. **XXX-XX-** Put SSN in box 2 on MC 97.
Date of birth Last four digits of SSN

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

(D) 2. His/her presumptive heirs are as follows: (Attach additional page if needed.)

NAME	AGE	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.
			Street address			
			City	State	Zip	Telephone no.

(E) ☐ 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the individual has been previously filed in _____ Court, Case Number _____ , was assigned to Judge _____ , and ☐ remains ☐ is no longer pending.

Form Instructions

(F) 4. I, _____ , am interested in this matter and make this petition as
Name (type or print)

_____ .
State your interest/relationship

(G) 5. A report and evaluation required by law ☐ accompanies ☐ does not accompany the petition.

(H) 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following:
1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments;
2) it was manifested before the individual was 22 years old;
3) it is likely to continue indefinitely; and
4) it results in substantial functional limitations in major life activities of
(A minimum of three of the following options must apply and be checked.)
☐ self-care, ☐ receptive and expressive language, ☐ learning,
☐ mobility, ☐ self-direction, ☐ capacity for independent living,
☐ economic self-sufficiency,
and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

(I) 7. The specific nature and extent of the disability is: _____

_____

(J) 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

_____

_____

(K) 9. The estimated value of the individual's estate and income are:

Real estate: $ _____ Personal property: $ _____

Yearly income: $ _____ Source of yearly income: _____

I REQUEST THAT:

10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

(L) 12. The court determine and appoint _____ of
Name

_____
Address City State Zip Telephone no.

or appoint some other suitable individual or entity as

☐ a. plenary (full) guardian of the ☐ individual ☐ estate
☐ b. partial guardian of the ☐ individual ☐ estate with the following powers: _____

_____

_____

_____

☐ The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

(M) ☐ 13. The court authorize the guardian to execute an application for admission to _____ (Name of facility)

_____ located at _____ (Address) .

(N) ☐ 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers because _____ (Describe emergency situation)

_____

_____ .

(O) ☐ 15. The court appoint _____ (Name) of _____ (Address)

_____ (City) _____ (State) _____ (Zip) _____ (Telephone no.) as standby guardian.

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

_____ Date

_____ Petitioner's signature

_____ Date

_____ Attorney's signature