

Jackson County Probate Court

312 S. Jackson St.
Jackson, MI 49201
Phone: 517-788-4290
Fax: 517-788-4291

Diane M. Rappleye
Probate Judge

Julie A. Kelley
Probate Register

Emily L. Brennan
Chief Deputy Probate Register

Evelyn Meerman
Deputy Probate Register

Instructions for Petition for Conservatorship of a Minor

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

Acceptable Account Types

Funds that are subject to a minor conservatorship must be placed in a restricted account. The account must be an interest-bearing savings or money market account. Funds may NOT be placed in a checking account (even if it is interest bearing), a certificate of deposit, or any type of investment account. The law imposes this restriction to ensure the security of the minor's funds. If you have questions about the type of account you are planning to use, please contact our office at the number listed above.

Fees

Filing Fee - \$175.00

Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

GAL Fee - \$125

The judge will determine who is responsible for this fee at the hearing.

Fees cannot be returned if your petition is denied.

Guardian ad Litem

A Guardian ad Litem (GAL) is appointed on behalf of the individual who is subject to conservatorship. The GAL is an attorney, and it is his/her responsibility to visit the individual. While there, the GAL will explain to the individual the meaning of the present petition, the process, and the individual's rights. At the hearing, the GAL will report to the Court on whether a conservatorship continues to be appropriate. There is a \$125 fee (plus mileage if appropriate) for the GAL. At the hearing, the judge will determine who is responsible for paying this fee (this may include the County if no one involved can afford the fee).

Forms

Below, you will find specific instructions for each form contained in the packet.

Petition for Appointment of Conservator (PC 639): Complete the entire form. If current contact information is unknown, you must make every effort to find a current mailing address for each parent. If the minor has no legal father, please indicate that in the name space for the father. A more detailed instruction sheet for this form follows the form in the packet. If you are requesting a preliminary protective order, please be as specific as you can about what emergency exits that requires the appointment of such an order. If you need additional space, you may attach an additional page. .

If the minor is 14 years old, or older, please have the minor complete item number 17 on the Petition.

Fiduciary Proof of Identity: Complete this form with all requested information. The information required is the proposed conservator's information. You must attach to the form a clear photo copy of the proposed conservator's driver's license. Even if the proposed conservator is eligible for appointment, Letters of Authority will not be issued unless this form is filed with the Court. This document is only used by the Court. It is not made available to the public.

Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.

Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PETITION FOR
 APPOINTMENT OF CONSERVATOR
 PROTECTIVE ORDER

FILE NO.

A Estate of _____ **XXX-XX-**
Individual alleged to need protection (first, middle, and last name) Last four digits of SSN

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

C 2. The individual was born _____, 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 detention by a foreign power
 mental deficiency chronic intoxication disappearance
 physical illness or disability confinement _____
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.
 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.)

(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

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/DOB (if minor)
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		

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 _____ Telephone no. _____
 Address or location

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 _____
 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.

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

INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF CONSERVATOR"

Please type or print neatly in black or blue ink. Items A through S 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 conservator.
- B** Enter your name in the first line. Enter your relationship to the individual (or your interest) in the second line.
- C** Enter the date the individual was born, what county the individual is a resident of, the address of the place where the individual normally lives, and the county the individual's property is in.
- 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** Check the boxes that apply and provide the name(s) and address(es). If the individual has a power of attorney and you have a copy of the document, make a copy for the court.
- F** Check the boxes that you believe apply to the individual.
- G** Explain in as much detail as possible the specific facts about the individual's conduct or condition that lead you to believe he or she needs a conservator. Give specific examples of his or her conduct that supports what you checked in **F** and that demonstrate the need for a conservator. This information is extremely important for the court in making a decision about the need to appoint a conservator. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, state the reasons why it is in the ward's best interest to do so.
- H** Specify the approximate value of any real property, personal property, insurance, and monthly income of the individual. An example of real property is a house. Examples of personal property are home furnishings, bank accounts, and checking accounts.
- I** Check whether the individual is currently receiving benefits from governmental agencies and the amount(s).
- J - K** 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 **J** are under legal incapacity, enter the names in **K**. If you check the last box in **J** (item 9), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- L** Enter the address and telephone number where the individual is currently located. This address and telephone number may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the name, address, and telephone number of the hospital.
- M** If there is an emergency that requires that a preliminary protective order be entered before the hearing, check the box and state the reason(s).
- N** Enter the name, address, and telephone number of the person you want to be appointed as conservator of the individual. Enter the relationship, if any, that this person has to the individual. If you are the guardian asking for authority to sell or otherwise dispose of your ward's real property, leave this blank and complete **Q**.
- O** Check this box only if you checked **M**.
- P** Check this box if you want the individual's property protected but you do not want a conservator appointed.
- Q** Check this box if you want the guardian appointed special conservator to dispose of real property.
- R** Enter today's date, sign your name, and enter your address and telephone number.
- S** If the individual wants to nominate someone to be the conservator, 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.

FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: _____

File No. _____

Full Name of Fiduciary

DOB

DL#

Home Address

Own
 Rent

Home Phone (including area code)

City/State/ZIP

Work Phone (including area code)

YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE

Occupation

Work Address

Employer Name

City/State/ZIP

Banking Institution

Address of Bank Branch

Banking Institution

Address of Bank Branch

Personal Reference:

Name

Address

Phone (including area code)

City/State/ZIP

This document is for Court use only and will NOT be part of the public record.

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 JACKSON

PROOF OF SERVICE

FILE NO.

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

_____ Date

_____ Signature

_____ Name (Type or Print)

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