

# Jackson County Probate Court

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

## Instructions for Petition to Terminate or Modify a Guardianship of a Legally Incapacitated Adult

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.

Please read all instructions before attempting to complete any paperwork contained in this packet, as you may not need to complete all of these forms in your particular case.

### Fees

- Filing Fee - \$20.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
  - New letters will only be issued if you are seeking a modification and it is granted.
- GAL Fee - \$175
  - 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 guardianship. 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 guardianship continues to be appropriate. There is a \$175 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.

1. Petition to Terminate/Modify Guardianship (PC 675): Complete the entire form. Do not write anything for number 2, as that item applies only to minor guardianships.
2. Fiduciary Proof of Identity (optional): This form is only used if you are seeking to change from one guardian to another.

Complete this form with all requested information. The information required is the proposed guardian's information. You must attach to the form a clear photo copy of the proposed guardian's driver's license. This document is only used by the Court. It is not made available to the public.

3. Report of Physician or Mental Health Professional (PC 630): This form is only necessary if you are seeking to terminate the guardianship, or change the scope of the guardianship (to add or subtract authority). It is NOT necessary if you are only seeking to replace one guardian with another.

This form must be completed by a physician or mental health professional. Do NOT fill out this form yourself. It is best to file this form when you file the petition, but it must be in no later than 5 days before your hearing. Please note that if you already have a medical report, this form must be used in addition to that report.

Mental health professional means an individual who is trained and experienced in the area of mental illness or developmental disability and includes Michigan-licensed doctors, psychologists, registered nurses, physicians assistants, licensed professional counselors, and certified social workers. A social worker must be a licensed master's social worker to meet the mental health professional standard.

4. 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.
5. 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.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> JACKSON <b>COUNTY</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>MINOR</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 312 S. JACKSON STREET JACKSON, MI 49201	<b>Court telephone no.</b> 517 788-4290
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In the matter of \_\_\_\_\_  
 First, middle, and last name

Court ORI	Current age of ward	Race	Sex	Current address of ward
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Petitioner's name, address, and telephone no.

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

1. I am interested in this matter as \_\_\_\_\_  
 State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

\*Also list persons who had principal care and custody of the minor during the 63 days preceding filing the petition.

- b.  The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is \_\_\_\_\_.
- The minor is not an Indian child as defined by MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).



10. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as successor **full guardian**.

11. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as **temporary guardian** pending appointment of a successor.

12. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as successor **limited guardian** with only the following powers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Modify the powers of the guardian as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

**NOMINATION BY MINOR:**

I am 14 years of age or older. I nominate \_\_\_\_\_,  
Name (type or print)  
\_\_\_\_\_  
Address City State Zip  
as my guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of minor

# 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.**

JCPC Fiduciary Proof of Identity (1/14)

Approved, SCAO

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

REPORT OF PHYSICIAN  
OR MENTAL HEALTH PROFESSIONAL

FILE NO.

In the matter of \_\_\_\_\_, alleged incapacitated individual

1. I am a licensed  physician.  mental health professional. My specialty is \_\_\_\_\_  
if any

2. I last examined the individual on \_\_\_\_\_

3. Based on that examination and his/her 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 believed 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 may be 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

Approved, SCAO

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

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 \_\_\_\_\_ Bar no.  
Location

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.

_____	_____	_____	_____
Attorney name	Bar no.	Petitioner name	Date
_____	_____	_____	_____
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

Approved, SCAO

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) \_\_\_\_\_

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 JACKSON JUDICIAL CIRCUIT COUNTY PROBATE	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
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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 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 _____		

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