

Jackson County Probate Court

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

Diane M. Rappleye
Probate Judge

Bruce W. Crews
Probate Register

Julie A. Kelley
Chief Deputy Probate Register

Evelyn Meerman
Deputy Probate Register

Instructions for Application for Appointment of Out-of-State Conservator

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.

The forms included in this packet will initiate the process to allow a conservator that has been appointed in another state to be appointed in Michigan. (If you need to be appointed as conservator in another state, you will need to file an action with the court in that state.)

In addition to the forms included in this packet, you **MUST** include a certified copy of your letters of authority from the state where you were appointed.

Upon filing, the Court may appoint you as temporary conservator. You then have 14 days to serve all interested parties with notice of your appointment and their right to object. As soon as you have served all of the interested parties, file a proof of service with the Court. Once proof of service is received by the Court, you will be appointed as full conservator.

Fees

- Filing Fee - \$150.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

Fees cannot be returned if your petition is denied.

Forms

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

1. Application and Order for Appointment of Out-of-State Conservator (PC 683): Complete the entire form.
2. 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.

3. 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 within 14 days.

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 of your case.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

APPLICATION AND ORDER FOR
APPOINTMENT OF
OUT-OF-STATE CONSERVATOR

FILE NO.

Estate of _____, a protected individual XXX-XX-
Last four digits of SSN

1. I, _____, am interested in this matter
Name
make this application as the individual's conservator appointed, qualified, and serving in good standing in another state.
2. I am not aware of any conservatorship or pending petitions in this state for a conservatorship of the protected individual.
3. The individual was _____, resides in _____ County
Date
at _____
Address
_____ and has property in _____.
City, state, zip County and state or other jurisdiction
 The individual is a citizen of the following foreign country: _____.
4. 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.
5. 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

6. The protected individual has: (These are interested persons who have a right to receive a copy of this application.)
 a spouse child(ren) descendants 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. (Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.)

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.

(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

7. None of the persons named above is under any legal incapacity except

Name, incapacity, and representative of the person, if any

8. The individual is currently found at _____
Address or location Telephone no.

9. The individual is is not entitled to receive Veterans Administration benefits. Claimant number _____

10. The individual to be protected has an estate approximately valued at:

\$ _____ \$ _____ \$ _____ \$ _____
Real property Personal property Insurance Monthly income

11. The individual to be protected is receiving the following income:

Social Security \$ _____ Veterans Administration \$ _____

Retirement _____ Other _____ \$ _____
Specify

12. _____
Name of court that appointed conservator State Telephone no.
appointed the conservator for the following reason(s): _____

13. I REQUEST that the court of this state appoint me conservator of the individual in accordance with the laws of this state.

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

Attorney signature Date

Attorney name (type or print) Bar no. Applicant signature

Address Address

City, state, zip Telephone no. City, state, zip Telephone no.

ORDER APPOINTING CONSERVATOR

1. An application for appointment of a conservator of a protected individual was filed in this court along with an authenticated of the conservator's letters of appointment in the other state and an acceptance of appointment in this state.

IT IS ORDERED:

2. _____ is appointed temporary conservator
Name of conservator (type or print)
_____, a protected individual, in this
Name of protected individual (type or print)

Date Judge Bar no.

NOTICE TO INTERESTED PERSONS

Unless an objection to the above appointment is filed with the court within 28 days of the date of the order, the temporary conservator shall be appointed full conservator of the protected individual.

NOTE TO APPLICANT: Within 14 days of your appointment as the temporary conservator, you must send, by first-class mail, a copy of this application, order, and notice to all interested persons and file proof of service with this court.

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 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