



## Michigan Supreme Court

State Court Administrative Office

**Field Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby  
Field Services Director

### MEMORANDUM

DATE: July 29, 2024  
FROM: SCAO Forms Team  
RE: Changes to various probate forms

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Below is a list of SCAO-approved court forms that were recently revised. An explanation of the changes, along with instructions on use of previously approved versions and a copy of the forms with the changes highlighted, is provided.

**If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.**

For suggestions about these court forms, please contact [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

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#### **[PC 571, Acceptance of Appointment](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (12/22) version may be used through October 27, 2024.

➤ Click here to see the form.

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus).

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#### **[PC 625, Petition for Appointment of Guardian of Incapacitated Individual](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (5/22) version may be used through October 27, 2024.

➤ Click here to see the form.

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, language was added to facilitate requests for a limited guardian to supervise

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access with an incapacitated individual. Finally, the term ‘adult’ was replaced with ‘individual’, as needed, to match statutory language.

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**[PC 626, Notice of Rights to Alleged Incapacitated Individual](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (12/18) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, formatting changes were made to meet new form standards.

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**[PC 627, Acceptance of Appointment and Report of Guardian Ad Litem of Alleged Incapacitated Individual](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (12/18) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus).

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**[PC 631, Order Regarding Appointment of Guardian of Incapacitated Individual](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (9/23) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, language was added to facilitate requests for a limited guardian to supervise access with an incapacitated individual. Finally, the term ‘adult’ was replaced with ‘individual’, as needed, to match statutory language.

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**[PC 634, Annual Report of Guardian on Condition of Legally Incapacitated Individual](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (6/23) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, the term ‘adult’ was replaced with ‘individual’, as needed, to match statutory language.

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**[PC 638a, Order Regarding Termination/Modification of Guardian for Minor or Guardian for LII/Conservator](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (12/22) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, language was added to facilitate requests for a limited guardian to supervise access with an incapacitated individual.

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### **[PC 675, Petition to Terminate/Modify Guardianship](#)**

**Most recent update:** (7/24) version

**Use of existing paper stock:** (5/21) version may be used through October 27, 2024.

- [Click here to see the form.](#)

Language was added to facilitate the designation of a standby guardian pursuant to 2024 PA 1 (EPIC Omnibus). Additionally, language was added to facilitate requests for a limited guardian to supervise access with an incapacitated individual.

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<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	ACCEPTANCE OF <input type="checkbox"/> <b>APPOINTMENT</b> <input type="checkbox"/> <b>DESIGNATION</b>	<b>CASE NO. and JUDGE</b>
-------------------------------------------------------	----------------------------------------------------------------------------------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

- 1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary
- 2. I have been designated standby guardian of the legally incapacitated individual.
- 3. I accept the  appointment,  designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- 4. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my  
not to exceed 91 days  
responsibility the following real estate or ownership interest in a business entity: \_\_\_\_\_

Describe real property or business interest \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Attorney address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Put DOB in row 10 on MC 97a.  
Date of birth

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
First, middle, and last name XXX-XX- Ref. No. row 2 on MC 97.  
Last four digits of SSN

Petitioner's name, address and telephone no.

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

Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license number Put DLN on Ref. No. row 3 on MC 97	Race	Sex
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Address of alleged incapacitated individual where now found

1. I, \_\_\_\_\_, am interested in this matter  
Name (type or print)  
and make this petition as \_\_\_\_\_  
State interest/relationship

2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the person named above has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

3. The individual is a resident of \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_ State  
City, village, or township  
and has a home address and telephone number of \_\_\_\_\_  
Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

The individual is a citizen of the following foreign country: \_\_\_\_\_

4. The individual has  a patient advocate/power of attorney for health care. (Specify name and address below.)  
 a power of attorney. (Specify name and address below.)  
 a conservator. (Specify name and address below.)

\_\_\_\_\_  
Name and address

5.  The patient advocate designation was not executed in compliance with MCL 700.5506.  
 The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.  
 The patient advocate is not acting consistent with the ward's best interests.

6. The individual lacks sufficient understanding or capacity to make or communicate informed decisions because of
- mental illness.
  - mental deficiency.
  - physical illness or disability.
  - chronic intoxication.
  - chronic drug use.
  - \_\_\_\_\_.

7. Specific facts about the individual's recent condition or conduct that lead me to believe the individual needs a guardian are:

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8. a. The person(s) that has the care and custody of the individual denied another person(s) access to the individual, and
- the individual desires contact with the other person(s).
  - contact with the other person(s) is in the individual's best interest.

b. Specific facts about the need for a limited guardian to supervise access with the other person(s) are:

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9. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the individual are \_\_\_\_\_.

10. The individual  is  is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is \_\_\_\_\_.

11. The alleged incapacitated individual has
- a spouse whose name and address are listed below.
  - adult child(ren) whose name(s) and address(es) are listed below.
  - living parent(s) whose name(s) and address(es) are listed below.
  - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
  - none of the above (must notify Attorney General - see instructions for the address of the Attorney General).

NAME	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.
	Nominated guardian	Street address			
	City	State	Zip	Telephone no.	
	Nominated standby guardian	Street address			
	City	State	Zip	Telephone no.	

12. None of the persons named above are under any legal incapacity except \_\_\_\_\_

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

13. I REQUEST that the court determine the individual is an incapacitated individual and \_\_\_\_\_

appoint \_\_\_\_\_, Name Address City, state, zip Telephone no.

who has priority as \_\_\_\_\_, Priority relationship

full guardian with all powers provided by statute.

limited guardian with the following powers: \_\_\_\_\_

designate \_\_\_\_\_, Name Address City, state, zip Telephone no.

as standby guardian.

14. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

15. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL**

In the event the court finds that I require a guardian, I nominate \_\_\_\_\_ Name

\_\_\_\_\_  
Address, city, state, zip Telephone no. to be appointed guardian.

I also nominate \_\_\_\_\_ Name

\_\_\_\_\_  
Address, city, state, zip Telephone no. to be designated standby guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of alleged incapacitated individual

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

NOTICE OF RIGHTS  
TO ALLEGED INCAPACITATED  
INDIVIDUAL

CASE NO. and JUDGE

Court address

Court telephone no.

**Notice that a Petition for a Guardian has been Filed:** A petition has been filed in this court asking that a guardian be appointed to help you make personal decisions for you that you now make for yourself.

- If a guardian is appointed for you, the guardian will make decisions for you, such as what medical care you receive and where you live.
- A guardian will be responsible to get services for you that will help you return to managing your own affairs as soon as possible.
- This notice states all of your rights as to this matter. A guardian ad litem may be appointed by the court to more fully explain these rights to you. A guardian ad litem **must** give you this notice and do the following:
  - » Visit you in person.
  - » Explain the nature, purpose, and legal effects of the appointment of a guardian.
  - » Inform you that a guardian may have the power to execute a do-not-resuscitate order or physician orders for scope of treatment (POST) form on your behalf and to place a do-not-resuscitate identification bracelet on you unless you object. The guardian ad litem must also inform you that you may ask the court to review a do-not-resuscitate order or physician orders for scope of treatment (POST) form that has been executed on your behalf.
  - » Explain your rights about the guardianship hearing.
  - » Inform you that you can object to the petition, request limits on the guardian's powers, object to a particular person being appointed as your guardian **or designated as standby guardian**, come to the hearing, and be represented by an attorney and, if you cannot afford an attorney, to have one appointed at public expense.

**You have certain rights before and at the court hearing on the petition to appoint a guardian or designate a standby guardian for you.**

- You have the right to have the guardianship case started and conducted where you reside or are present, or if you have been admitted to an institution by a court, in the county in which that court is located.
- You have the right to file a petition on your own behalf **for the appointment of a guardian or designation of a standby guardian.**
- You have the right to be represented by an attorney. If you cannot afford an attorney, you **may** ask the court to appoint one for you at public expense.
- You have the right to have a guardian ad litem appointed to represent you if you are not represented by an attorney.
- You have the right to get an independent evaluation of your condition at your own expense. If you cannot afford to pay for the evaluation, the court will approve reasonable costs at public expense.
- You have the right to be present at the hearing. If you wish to be present at the hearing, all practical steps must be taken to ensure your presence, including moving the site of the hearing.
- You have the right to see and hear all the evidence presented during the hearing.
- You have the right to present evidence and cross-examine witnesses at the hearing.
- You have the right to a trial by jury.

- You have the right to request that the hearing be closed to the public.
- You have the right to be personally visited by the guardian ad litem, if one is appointed.
- You have the right to be informed of the name of each person asking to be appointed as your guardian or designated as standby guardian. If a guardian ad litem is appointed, you have the right to be informed of these names by the guardian ad litem.
- You have the right to be given written notice of the nature, purpose, and legal effects of the appointment of a guardian.
- You have the right to choose the individual you would like to serve as guardian and the individual designated as standby guardian, if those individuals are suitable and willing to serve.
- You have the right to have your incapacity and the need for a guardian proven by clear and convincing evidence.

**You have certain rights after a guardian is appointed.**

- You have the right to object to the appointment of a successor guardian by will or other writing.
- You have the right to have the guardian's powers and the time period of the guardianship be limited to only the amount and time necessary.
- You have the right to have a guardianship that encourages the development of your maximum self-reliance and independence.
- You have the right to prevent a guardian from having powers that are already held by a valid patient advocate.
- You have the right to have a periodic review of your guardianship by the court. You have the right to a hearing and to have an attorney appointed if issues are discovered during the review.
- You have the right to send an informal letter to the judge asking that your guardianship be modified or ended.
- You have the right to have a hearing within 28 days of requesting a review, modification, or termination of your guardianship.
- If a petition to modify or terminate your guardianship is filed, you have the same rights as those on the petition to appoint a guardian, including appointment of a guardian ad litem.
- You have the right to get personal notice of a petition to appoint or remove a guardian or the designation or change in designation of a standby guardian.
- You have the right to consult with the guardian about major decisions affecting you, if meaningful conversation is possible.
- You have the right to be visited by your guardian at least once every three months.
- You have the right to have the guardian notify the court within 14 days of a change in your residence.
- You have the right to have the guardian secure services to restore you to the best possible state of mental and physical well-being so you can return at the earliest possible time to managing your own affairs.
- You have the right to have the guardian take reasonable care of your clothing, furniture, vehicles, and other personal effects.

**Contact the court if you have any questions.**

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

ACCEPTANCE OF APPOINTMENT AND  
REPORT OF GUARDIAN AD LITEM OF  
ALLEGED INCAPACITATED INDIVIDUAL

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name of the alleged incapacitated individual

- 1. I have been appointed by the court as guardian ad litem, and I accept this appointment.
- 2. I have performed the duties required by statute (see next page for list of duties).

3. I visited the alleged incapacitated individual on \_\_\_\_\_ at \_\_\_\_\_  
Date Location

and, to the extent that the individual could comprehend, explained the nature, purpose, and legal effects of a guardian's appointment and otherwise complied with each provision of MCL 700.5305(1).

4. I report to the court as follows:

- a. the alleged incapacitated individual wishes to:
  - have limits placed on the guardian's powers
  - do-not-resuscitate order.     POST (physician orders for scope of treatment) form.     other.
  - contest the petition.
  - object to the appointment of the nominated guardian or designation of standby guardian.
  - have an attorney appointed.

b. There is a disagreement or dispute related to the guardianship, namely \_\_\_\_\_

I believe it     might     will not    be resolved through court-ordered mediation.

c. There is one or more appropriate alternative to a full guardianship, namely:

1) appointment of a limited guardian with the following powers: \_\_\_\_\_

2) appointment of a conservator or a written protective order.

3) the alleged legally incapacitated individual executing one of the following:

- a patient advocate designation.     a do-not-resuscitate declaration.
- a durable power of attorney.     a physician orders for scope of treatment (POST) form.

d. The alleged incapacitated individual wishes to be present at the hearing.

e. I believe it is in the best interests of the individual to have legal counsel because \_\_\_\_\_

The individual will retain legal counsel.     I recommend the court appoint legal counsel.

5. None of the items in item 4a above is demanded. My report to the court and recommendations are attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Your **duties** as guardian ad litem include all the following:

1. **Personally** visit the individual alleged to be incapacitated.
2. Explain to the individual the nature, purpose, and legal effects of the appointment of a guardian.
3. Give the individual form PC 626 that outlines the rights in MCL 700.5306a(1).
4. Inform the individual that if a guardian is appointed, the guardian may have the power to execute a do-not-resuscitate order and/or physician orders for scope of treatment (POST) form on behalf of the individual.
5. Explain to the individual the hearing procedure and the individual's rights in the hearing procedure, including but not limited to:
  - a. the right to contest the petition.
  - b. the right to request limits on the guardian's powers, including a limitation on the power to execute a do-not-resuscitate order and/or a physician orders for scope of treatment (POST) form on behalf of the individual.
  - c. the right to object to a particular person being appointed guardian **or designated as standby guardian.**
  - d. the right to be present at the hearing.
  - e. the right to be represented by legal counsel.
  - f. the right to have legal counsel appointed if the individual is unable to afford legal counsel.
6. Inform the individual of the name of any person known to be seeking appointment as guardian **or designation as standby guardian.**
7. Ask the individual and the petitioner about the amount of cash and property readily convertible into cash that is in the individual's estate.
8. **Make determinations and inform the court** of those determinations, on all the following:
  - a. whether the individual alleged to be incapacitated wishes to be present at the hearing.
  - b. whether the individual alleged to be incapacitated wishes to contest the petition.
  - c. whether the individual alleged to be incapacitated wishes limits be placed on the guardian's powers.
  - d. whether the individual alleged to be incapacitated objects to having a do-not-resuscitate order and/or physician orders for scope of treatment (POST) form executed on **their** behalf.
  - e. whether the individual alleged to be incapacitated objects to a particular person being appointed guardian **or designated as standby guardian.**
  - f. whether there is one or more appropriate alternatives to the appointment of a full guardian or whether other action should be taken in addition to the appointment of a guardian after considering:
    - i. appointment of a limited guardian, including the specific powers and limitation on those powers the guardian ad litem believes appropriate.
    - ii. appointment of a conservator or another protective order under MCL 700.5401 *et seq.*
    - iii. execution of a patient advocate designation, do-not-resuscitate declaration, physician orders for scope of treatment form, or durable power of attorney with or without limitations on purpose, authority, or duration.
    - iv. available support from family members. Family members may often take responsibility for the care of an individual. Also, if the individual should be diagnosed as having a reduced life expectancy because of an advanced illness, state law allows a member of the individual's immediate family or next of kin to make informed decisions regarding the individual receiving, continuing, discontinuing and refusing medical treatment and may choose palliative treatment and adequate and appropriate pain and symptom management.
  - g. whether a disagreement or dispute related to the guardianship petition might be resolved through court-ordered mediation.

**In the report informing the court of the determinations, include an estimate of the amount of cash and property readily convertible that is in the individual's estate.**

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
-------------------------------------------------------	------------------------------------------------------------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ **XXX-XX-**  
First, middle, and last name Last four digits of SSN

Court ORI	Date of birth	Driver's license no.	Race	Sex
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Current address of incapacitated individual \_\_\_\_\_

**THE COURT FINDS:**

- 1. Notice of hearing was given to or waived by all interested persons.
- 2. The individual is not in need of a guardian.
- 3. Upon the presentation of clear and convincing evidence, the individual named above, by reason of
  - mental illness       mental deficiency       chronic use of drugs
  - chronic intoxication       physical illness or disability       other: \_\_\_\_\_
 is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.
- 4. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.
- 5. The individual is  partially  totally without the capacity to care for themselves.
- 6. Upon the presentation of clear and convincing evidence, the person(s) with the care and custody of the individual denied another person(s) access to the individual, and
  - the individual desires contact with the other person(s).
  - contact with the other person(s) is in the individual's best interest.
- 7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the individual. A bond must be filed.
- 8. Financial protection is required for the individual.

**IT IS ORDERED:**

- 9. The petition for appointment of guardian is  granted.  denied on the merits.  dismissed/withdrawn.
- 10. \_\_\_\_\_, whose address and telephone number are:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

is appointed guardian of the individual and shall qualify by filing an acceptance of appointment.

a. The guardian shall have the following powers:

- full guardian with all authority and responsibilities granted and imposed by law.
- except as follows: \_\_\_\_\_
- limited guardian with only the following powers: \_\_\_\_\_

In addition, the guardian has the authority to execute a written consent for formal voluntary mental health treatment.

b. Bond of \$ \_\_\_\_\_ must be filed.

11. \_\_\_\_\_, whose address and telephone number are:  
Name (type or print)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_  
is designated standby guardian of the individual and shall qualify by filing an acceptance of appointment. The standby guardian's appointment as guardian is effective, without further proceedings or reiteration of acceptance, immediately upon the guardian's unavailability as described in MCL 700.5301c(5). The standby guardian has the same powers and duties as the prior guardian.

12. The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

13. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*

14. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

15. **IT IS FURTHER ORDERED:**

16. The  attorney  guardian ad litem for the individual is discharged.

\_\_\_\_\_  
Judge signature and date

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> FINAL REPORT	<b>CASE NO. and JUDGE</b>
-------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of \_\_\_\_\_  
First, middle, and last name of legally incapacitated individual

1. I, \_\_\_\_\_, am the guardian of the individual named above and  
Name (type or print)  
my annual report for the period of \_\_\_\_\_ to \_\_\_\_\_ is as follows.  
Date Date

2. Present age of the individual: \_\_\_\_\_

**3. Living Arrangement**

a. The current address and telephone number of the individual are: \_\_\_\_\_

b. The name of the facility where the individual resides, if any: \_\_\_\_\_

c. The individual's residence is:  Check here if this is a new address

- own home/apartment
- guardian's home/apartment
- other: \_\_\_\_\_  
(boarding home, assisted living, etc.)
- nursing home
- hospital or medical facility
- foster home
- relative's home: \_\_\_\_\_  
Relationship

d. The individual has been in the present residence since \_\_\_\_\_ . If moved within the past  
Date  
year, state the changes and the reasons for change.

e. I rate the individual's living arrangement as  excellent.  average.  below average. \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. I believe the individual is  content with the living situation.  unhappy with the living situation.

g. I recommend a more suitable living arrangement for the individual as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Physical Health**

- a. The individual's current physical condition is  excellent.  good.  fair.  poor.
- b. During the past year the individual's physical condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_
- c. During the past year the individual received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

**5. Do-Not-Resuscitate Order**

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I  executed  reaffirmed  revoked a do-not-resuscitate order for the individual under MCL 700.5314(d). In doing so, I  did  did not consult with the individual and their attending physician.

**6. Physician Orders for Scope of Treatment (POST) Form**

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I  executed  reaffirmed  revoked a POST form for the individual under MCL 700.5314(g). In doing so, I  did  did not consult with the individual and their attending physician.

**7. Nonopioid Directive**

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I  executed  reaffirmed  revoked a nonopioid directive for the individual under MCL 700.5314(f).

**8. Mental Health**

- a. The individual's current mental condition is  excellent.  good.  fair.  poor.
- b. During the past year, the individual's mental condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_
- c. During the past year the individual received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name

**9. Social Activities/Services**

- a. The individual's current social condition is  excellent.  good.  fair.  poor.
- b. During the past year, the individual's social condition has
  - remained about the same.
  - improved. Explain \_\_\_\_\_
  - worsened. Explain \_\_\_\_\_
- c. During the past year, the individual has participated in the following activities:
  - recreational \_\_\_\_\_
  - educational \_\_\_\_\_
  - social \_\_\_\_\_
  - occupational \_\_\_\_\_
  - No activities were available.
  - The individual refused to participate in any activities.
  - The individual was unable to participate in any activities.

**10. List of Visits**

- a. During the past year, I visited the individual as follows: \_\_\_\_\_  
List dates  
\_\_\_\_\_  
\_\_\_\_\_
- b. The average amount of time I spent on each visit was \_\_\_\_\_ .
- c. The last time I visited with the individual was on \_\_\_\_\_ .  
Date

**11. Activities**

During the past year, I performed the following activities on behalf of the individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Consultation**

During the past year, I consulted with the individual before making the following decisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. I believe the individual has the following unmet needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. The guardianship  should  should not be continued because: \_\_\_\_\_  
\_\_\_\_\_

15. There  is  is not more cash or property than what was previously reported to the court. If there is, specify the additional amount: \$ \_\_\_\_\_ .

16. As guardian, I have been ordered by the court to file an annual account, which is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Signature of co-guardian (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address

Check here if this is a new address

If a standby guardian has been designated, they must complete the following statement. If the standby guardian is unable or unwilling to serve, the standby guardian must promptly notify the court and interested persons in writing.

**STATEMENT BY STANDBY GUARDIAN**

I am the designated standby guardian and I continue to be willing to serve in the event of the unavailability, death, incapacity, or resignation of the guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of standby guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Check here if this is a new address



12. \_\_\_\_\_  
Name Address

\_\_\_\_\_ is appointed  
City State Zip Telephone no.

\_\_\_\_\_ is appointed  
Name Address

City State Zip Telephone no.

a. successor **guardian of the incapacitated individual** and qualifies by filing an acceptance of appointment.

The guardian shall have the following powers:

full guardian with all authority and responsibilities granted and imposed by law.

except as follows: \_\_\_\_\_

limited guardian with only the following powers: \_\_\_\_\_

temporary guardian and shall serve until \_\_\_\_\_ with the following powers: \_\_\_\_\_  
Date

In addition, guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

Bond of \$ \_\_\_\_\_ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

b. successor  full  limited  temporary **guardian of the minor child** and qualifies by filing an

acceptance of appointment.  Bond of \$ \_\_\_\_\_ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

The temporary guardian shall serve until \_\_\_\_\_ with the following powers: \_\_\_\_\_  
Date

Child support shall be paid:  as stated in the placement plan.

\_\_\_\_\_

c.  successor  special **conservator** and shall have the following powers: \_\_\_\_\_

An acceptance of appointment is to be filed.  Bond of \$ \_\_\_\_\_ must be filed.

The conservator is not permitted to act until letters of conservatorship are issued. After qualification, the conservator shall comply with all relevant requirements under the law.

13. \_\_\_\_\_  
Name Address  
\_\_\_\_\_ is designated  
City State Zip Telephone no.  
as standby guardian and must qualify by filing an acceptance of appointment. The standby guardian's appointment is effective, without further proceedings or reiteration of acceptance, immediately upon the guardian's unavailability as described in MCL 700.5301c(5). The standby guardian has the same powers and duties as the prior guardian.

14. The  guardianship  conservatorship is  terminated  modified as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The  attorney  guardian ad litem for the individual is discharged.

16. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. The matter is  closed.  not closed.

\_\_\_\_\_  
Judge signature and date

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT 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>
-------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------

**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

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