

# 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 - \$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 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 \$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.

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: This form is only necessary 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. Even if the proposed guardian 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. 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.

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input checked="" type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	CASE NO. and JUDGE
Court address 312 S. JACKSON STREET JACKSON, MI 49201		Court telephone no. 517 788-4290

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).

2. (continued)

c. If this guardianship is terminated, the minor child will be returned to \_\_\_\_\_  
 \_\_\_\_\_.

3. The incapacitated individual, whose telephone number is \_\_\_\_\_, has a guardian whose address is \_\_\_\_\_ and has

- a spouse  adult child(ren)  living parents 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 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.
		Street address	City	State	Zip	Telephone no.
	Guardian	Street address	City	State	Zip	Telephone no.

\*\*Presumptive heirs includes minor children, if any.

\*\*\*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are \_\_\_\_\_  
 \_\_\_\_\_.

I REQUEST that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who  has  has not been suspended.
- 8. Appoint \_\_\_\_\_

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

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

10. 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 \_\_\_\_\_ as my guardian, who lives  
Name

at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
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.**

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.

_____	_____	Date	_____
Attorney name	Bar no.	Petitioner name	_____
_____	_____	Address	_____
Address	_____	City, state, zip	Telephone no.
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.

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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.

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