

**WHAT YOU NEED TO KNOW BEFORE  
FILING A PETITION TO  
APPOINT A CONSERVATOR**

»» What is a conservator?

A conservator is a person appointed by a probate court and given power and responsibility for the estate (financial assets and property) of an adult (called a protected individual).

»» What is a guardian?

A guardian is a person appointed by a probate court and given power and responsibility to make certain decisions about the care of another individual. These decisions might include treatment decisions or where the individual should live. If the individual has a reduced life expectancy due to advanced illness, the guardian may have the power to make an informed decision on behalf of the individual regarding receiving, continuing, discontinuing, or refusing medical treatment. A full guardian can make all decisions for the individual. A limited guardian can only make decisions for the individual that the court allows.

»» When would a conservator be needed?

A conservator may be needed when the individual is unable to manage his or her property and financial affairs effectively because of certain reasons and:

- 1) he or she has property that will be wasted or used up unless proper management is provided; or
- 2) funds are needed for the support, care, and welfare of the adult and any of his or her dependents.

A mentally competent adult who, because of age or physical limitation, may voluntarily petition the court himself or herself for the appointment of a conservator to assist in managing his/her estate.

Some of the reasons that might prevent the individual from being able to manage his or her property and financial affairs are:

- 1) mental illness or deficiency;
- 2) physical illness or disability;
- 3) chronic use of alcohol/other intoxicants;
- 4) confinement;
- 5) detention by a foreign power; or
- 6) disappearance.

»» Is a conservator needed for an individual who cannot manage his or her property or financial affairs effectively?

A conservator might not be necessary if someone else already has legal authority (an individual with power of attorney, for example) to make decisions about the individual's estate and there are no problems with the decisions being made.

»» How is a proceeding for a conservator started?

Any person who is interested in the individual's welfare may complete a Petition for Appointment of Conservator (form PC 639) and file it, along with the filing fee, with the probate court.

»» Is a lawyer necessary?

No, but a lawyer can be helpful, especially if any interested person opposes the appointment of a conservator.

»» Can mediation be used for disagreements about a conservator?

Certain disagreements about a request for a guardian may be mediated outside the court if all parties agree to attend mediation or if a judge orders parties to attend mediation. The court clerk can tell you if mediation services are available in your court.

»» What happens when the court accepts the petition for filing?

After the petition is accepted for filing, the court will appoint a guardian ad litem to represent the individual in the court proceeding unless the individual has his or her own lawyer or unless a mentally competent adult voluntarily requests the appointment.

It is important for you to cooperate with the guardian ad litem. The guardian ad litem does not have the authority to make decisions for the individual. The individual may have to pay for the guardian ad litem.

If necessary, the court may also order the individual to be examined by a physician or a mental health professional. The court may also send someone (called a visitor) to interview the individual. The visitor may be the guardian ad litem or a court officer or court employee.

»» Can the individual get a conservator immediately in an emergency?

If the court believes an individual's estate requires immediate protection before appointing a conservator, the court may issue a preliminary protective order. This order may involve the appointment of a special conservator. The order will authorize specific acts that provide for immediate protection of the individual's assets.

## 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 30736, Lansing, Michigan 48909.
- L** Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the name and address of the hospital.
- M** If there is an emergency that requires that a preliminary protective order be entered before the hearing, enter 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 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.

<b>STATE OF MICHIGAN PROBATE COURT BERRIEN COUNTY</b>	<b>PETITION FOR</b> <input type="checkbox"/> <b>APPOINTMENT OF CONSERVATOR</b> <input type="checkbox"/> <b>PROTECTIVE ORDER</b>	<b>CASE NO. and JUDGE</b>
---	---	---------------------------

Court address 811 Port St., St. Joseph, MI 49085	Court telephone no. (269) 983-7111
---	---------------------------------------

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

Petitioner's name, address, and telephone no.

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

**B** 1. I, \_\_\_\_\_, am interested in this matter  
Name  
 and make this petition as \_\_\_\_\_.

**C** 2. The individual was born \_\_\_\_\_, resides in \_\_\_\_\_ County  
State interest/relationship Put DOB in Ref. No. row 1 on MC 97.  
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  confinement  
 mental deficiency  chronic intoxication  disappearance  
 physical illness or disability  detention by a foreign power  \_\_\_\_\_  
 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.

5. (continued)

- 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 if necessary.)

\_\_\_\_\_

\_\_\_\_\_

**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 (if minor)*
	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.		

\*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

**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 \_\_\_\_\_  
Address or location Telephone no.

**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

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

**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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	--------------------

Court address

Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after April 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on April 1, 2022. 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:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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 document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the 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 documents being filed.		
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.

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
--	---	---------------------------

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

Plaintiff's/Petitioner's name	<b>v</b>	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after April 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on April 1, 2022. 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:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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

<b>Ref. No.</b>	<b>Instructions:</b> 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 document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other
<b>18</b>	Name	DOB	Other

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>PETITION FOR APPOINTMENT OF GUARDIAN AD LITEM / ATTORNEY / LAWYER GUARDIAN AD LITEM</b></p>	<p><b>FILE NO.</b></p>
---	--	------------------------

In the matter of \_\_\_\_\_

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

2. I represent that \_\_\_\_\_  
Name(s)

is/are interested in the hearing on \_\_\_\_\_

3. It is necessary that a lawyer guardian ad litem be appointed by the court to represent the minor,  
\_\_\_\_\_, whose interests are or may be inadequately represented in  
the minor guardianship proceeding.

4. It is necessary and in the best interests of the person that  an attorney  
 a guardian ad litem be appointed to represent  
\_\_\_\_\_ at the hearing and at all future hearings because the person is a  
 minor.  incapacitated individual.  protected individual.  other \_\_\_\_\_

**5. I REQUEST:**

a. \_\_\_\_\_, \_\_\_\_\_  
Name Address  
\_\_\_\_\_ or some other suitable person be appointed  attorney  
 lawyer guardian ad litem  
 guardian ad litem  
for the individual for the purposes stated above.  
 b. a suitable person be appointed guardian ad litem under MCL 700.5108.

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.

_____	_____
Attorney signature	Petitioner signature
_____	_____
Name (type or print)	Bar no. Petitioner name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip	City, state, zip

Do not write below this line - For court use only



BERRIEN COUNTY PROBATE COURT/FAMILY COURT

File Name: \_\_\_\_\_

File Name: \_\_\_\_\_

**ADULT GUARDIANSHIP/CONSERVATOR**  
**RECORDS CHECK RELEASE**

Please be informed that the Berrien County Probate Court routinely completes guardian/conservator investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Protective Services Central Registry check/criminal/driving/history/prior bankruptcy check through LEIN or other services. Please provide the following information regarding the proposed guardian(s)/conservator(s). **PRINT CLEARLY. Attach photo identification (e.g. a copy of your driver's license)**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_

MAIDEN NAME/ NAME  
PREVIOUSLY USED: \_\_\_\_\_

MAIDEN NAME/ NAME  
PREVIOUSLY USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

COMPLERE NAMES OF \_\_\_\_\_  
ALL OTHER CHILDREN \_\_\_\_\_  
AND ADULTS LIVING IN \_\_\_\_\_  
THE HOUSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLERE NAMES OF \_\_\_\_\_  
ALL OTHER CHILDREN \_\_\_\_\_  
AND ADULTS LIVING IN \_\_\_\_\_  
THE HOUSE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Berrien County Pronate Court to request information about me/us from any human services agencies (e.g. Michigan Department of Human Services) as may be appropriate and I also authorize a criminal/driving history/prior bankruptcy check through LEIN or other services.

DUE DATE: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of proposed guardian(s)/conservator(s)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, State, Zip

COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
--	-------------------------	-----------------

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	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</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 accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility  
not to exceed 91 days

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</b> <b>PROBATE COURT</b> <b>COUNTY OF _____</b>	<b>ORDER REGARDING APPOINTMENT                  OF CONSERVATOR</b> <input type="checkbox"/> <b>ADULT</b> <input type="checkbox"/> <b>MINOR</b>	<b>FILE NO.</b>  
--	---	-------------------------

Estate of \_\_\_\_\_, a protected individual  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

- 2. Notice of hearing was given to or waived by all interested persons.
- 3. The individual is not in need of a conservator.
- 4. Upon presentation of clear and convincing evidence, the **adult** individual is in need of a conservator because s/he is unable to manage his/her property and business affairs effectively because of
 

<input type="checkbox"/> mental illness.	<input type="checkbox"/> mental deficiency.	<input type="checkbox"/> physical illness or disability.
<input type="checkbox"/> chronic use of drugs.	<input type="checkbox"/> chronic intoxication.	<input type="checkbox"/> confinement.
<input type="checkbox"/> detention by a foreign power.	<input type="checkbox"/> disappearance.	<input type="checkbox"/> other: _____
- and**  a. the individual has property that will be wasted or dissipated unless proper management is provided, or  
 b. money is needed for the support, care, and welfare of the individual or those entitled to be supported by the individual and that protection is necessary to obtain or provide the money.
- 5. The individual is mentally competent but because of age or physical infirmity is unable to manage his or her property and affairs effectively and, recognizing this disability, has requested a conservator's appointment.
- 6. Upon presentation of clear and convincing evidence, the **minor** individual is in need of a conservator because the minor
  - a. owns money or property that requires management or protection that cannot otherwise be provided.
  - b. has or may have business affairs that may be jeopardized or prevented by the person's minority.
  - c. needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- 7. It is in the ward's best interests for the guardian to sell or otherwise dispose of the ward's real property or interest in real property. The guardian should be appointed as special conservator to petition for sale of the real estate.
- 8. There is no qualified, suitable individual willing to act as conservator and the appointment of a professional conservator is in the best interests of the adult or minor. A bond must be filed.
- 9. The value of cash and property that is readily convertible into cash in the estate exceeds the limit for administering the estate under MCL 700.3982.
  - a. Bond must be filed.
  - b. Bond is not required under MCL 700.5410(1) because
    - the estate contains no property readily convertible to cash, and the cash is already in a restricted account with a financial institution or will be deposited in a restricted account.
    - the conservator has trust powers pursuant to MCL 487.14401.
    - requiring a bond would impose a financial hardship on the estate.
    - other: \_\_\_\_\_

(SEE SECOND PAGE FOR ORDER)

Do not write below this line - For court use only

**IT IS ORDERED:**

10. The petition for the conservator is  granted.  denied on the merits.  dismissed/withdrawn.  
The conservator is not permitted to act until letters of conservatorship are issued.

11. \_\_\_\_\_, whose address and telephone number are  
Name (type or print)  
\_\_\_\_\_, is appointed  
Address City State Zip Telephone no.

- a. conservator of all assets of the individual's estate.
- b. limited conservator of the following assets: \_\_\_\_\_

\_\_\_\_\_. The individual retains title to all other assets in the estate.

- c. special conservator with authority to proceed under MCL 700.5423(3) in order to dispose of real property.

Acceptance of appointment must be filed.

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

\$ \_\_\_\_\_ shall be deposited in a restricted account. (Verification must be filed using form PC 669 pursuant to MCR 5.409[C][4].)

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.

12. The conservator is not required to file an annual account.

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

14. **IT IS FURTHER ORDERED:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

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

\_\_\_\_\_  
Address

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>LETTERS OF CONSERVATORSHIP</b>	<b>FILE NO.</b>
--	-----------------------------------	-----------------

Estate of \_\_\_\_\_

TO:

Name and address	Conservator's telephone no.
------------------	-----------------------------

You have been appointed  limited conservator  conservator of the estate and are granted power to take possession, collect, preserve, manage, and dispose of property of the estate according to law and to perform all acts permitted or required by statute, court rule, and orders of this court unless limited below.

- The conservator shall have authority with respect to all assets of the estate.
- Real estate or ownership interest in a business entity is excluded from your responsibilities in your acceptance of appointment.
- The conservator shall have authority with respect to the following assets only:

**Restrictions:**  
The conservator shall not sell or otherwise dispose of the protected individual's principal dwelling, real property or interest in real property, or mortgage, pledge, or cause a lien to be placed on any such property without a prior order of approval.

\_\_\_\_\_  
Date Judge Bar no.

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

\_\_\_\_\_  
Address

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

**SEE NOTICE OF DUTIES ON SECOND PAGE**

I certify that I have compared this copy with the original on file and that it is a correct copy of the original, and on this date, these letters are in full force and effect.

\_\_\_\_\_  
Date Deputy probate register

**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



## NOTICE TO CONSERVATOR OF CERTAIN DUTIES

AS REQUIRED BY LAW AND MICHIGAN COURT RULES, YOU ARE NOTIFIED:

You are required to file with this court the following written reports using the indicated form(s) at the indicated times. Forms are available at the court.

**INVENTORY:** As the conservator, you are required by law to prepare an inventory of the assets of the estate that you have been given authority over within 56 days from the date of your appointment. You must also provide a copy of the inventory to the protected individual if the individual can be located and if the minor is 14 years of age or older and to interested persons as specified in the Michigan Court Rules. You must also provide the name and address of each financial institution listed on your inventory at the time the inventory is presented to the court. The address for a financial institution shall be either that of the institution's main headquarters or the branch used most frequently by the conservator. (May use form PC 674, "Inventory, Conservatorship.")

**ACCOUNTS:** As the conservator, you must file an annual account unless otherwise ordered by the court. An accounting must be filed within 56 days after the end of the accounting period. The accounting period ends on the anniversary date of the issuance of the letters of authority, unless the conservator selects another accounting period or unless the court orders otherwise. If you select another accounting period, notice of that selection shall be filed with the court. The accounting period may be a calendar year or a fiscal year ending on the last day of a month. You may use the same accounting period as that used for income tax reporting, and the first accounting period may be less than a year but not longer than a year. On filing, the account may be set for hearing or the hearing may be deferred to a later time. Unless otherwise ordered by the court, no accounting is required in a minor conservatorship where the assets are restricted or in a conservatorship where no assets have been received by the conservator. (Use form PC 583, PC 584, or PC 648, "Account.")

In addition, you must provide a copy of the account to the protected individual if the individual can be located and is 14 years of age or older, and to interested persons as specified in the Michigan Court Rules.

**CHANGE OF ADDRESS:** You are required to keep the court and interested persons informed in writing within 7 days of any change in your address.

**DEATH OF PROTECTED INDIVIDUAL:** If the protected individual dies during the conservatorship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

**The inventory and all accounts must be served on the required persons at the same time they are filed with the court. After serving the required persons, you must promptly file a proof of service with the court.**

**ATTENTION: The above provisions are reporting duties only and are not the only duties required of you.** See MCL 700.5416 through 700.5433 for other duties of the conservator. Your failure to comply with the above reporting duties may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

**KEEP THIS NOTICE FOR FUTURE REFERENCE**