

Filing Fee \$187.00

Filing a Petition to Appoint a Guardian for an Individual with Developmental Disability

Forms included in this packet:

1. Adult Guardianship/Conservator Records Check Release (SH 975)
2. Central Registry Clearance Request (DHS 1929)
3. Petition for Appointment of Guardian, Individual with Alleged Developmental Disability (PC 658)
4. Report to Accompany Petition to Appoint, Modify or Discharge Guardian of Individual with Developmental Disability (PC 659)
5. Order Appointing Guardian for Individual with a Developmental Disability (PC 660)
6. Acceptance of Appointment (PC 571)
7. Letters of Guardianship of Individual with Developmental Disability (PC 662)
8. Notice of Right to Request Dismissal of Guardian or Modification of Guardianship Order (PC 661)
9. Notice of Hearing (PC 562)
10. Proof of Service (PC 564)
11. Waiver/Consent (PC 561)
12. Report of Physician or Mental Health Professional (PC 630)
13. Report of Guardian on Condition of Individual with developmental Disability (PC 663)
14. Order Appointing Emergency Temporary Guardian for Individual with Alleged Developmental Disability (PC 679)

INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY"

Please type or print neatly using black or blue ink.

Items A through N 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 whom you believe needs a guardian.
- B** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- C** 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 a personal protection, abuse or neglect, adoption, name change, or divorce or support action. If the individual is under the age of 19½, the individual may be the subject of a support order if the parents are divorced or a support order was entered. 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 the case. Place a check in the box indicating whether the case is still pending or not.
- D** Enter the date of birth of the individual on the first line, the name of the county the person resides in on the second line, and the name and address of the person, center or facility where the person is currently located. This address may or may not be the home of the individual.
- E** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909.
- F** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- G** Check the appropriate boxes under this item (not less than three).
- H** Indicate the specific nature and extent of the disability.
- I** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, decision-making in all aspects of life, such as medical and residential aspects.
- J** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- K** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.

Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.

Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.
- L** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- M** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- N** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	FILE NO.
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A In the matter of _____, an individual with an alleged developmental disability

B 1. I, _____, am interested in this matter and make this petition as
Name (type or print)

State your interest/relationship _____

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

D 3. The individual named above, born _____, is a resident of _____, Michigan, and presently lives with/at _____ at
Date County Name of person or center or facility

Address City State Zip Telephone no. **XXX-XX-** Last four digits of SSN

The individual is a citizen of the following foreign country: _____

E 4. His/her presumptive heirs are as follows: (Attach additional page if needed.)

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

F 5. A report and evaluation required by law accompanies does not accompany the petition.

G 6. The individual has a developmental disability described as a severe, chronic condition that meets all the following: 1) it is attributable to a mental or physical impairment or a combination of mental and physical impairments; 2) it was manifested before the individual was 22 years old; 3) it is likely to continue indefinitely; and 4) it results in substantial functional limitations in major life activities of (A minimum of three of the following options must apply and be checked.)
 self-care, receptive and expressive language, learning, mobility,
 self-direction, capacity for independent living, economic self-sufficiency,
and it reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or for an extended duration and are individually planned and coordinated.

H 7. The specific nature and extent of the disability is: _____

(PLEASE SEE OTHER SIDE)

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

I 8. A guardian is needed to assist the individual with the following responsibilities and duties: _____

J 9. The estimated value of the individual's estate and income are:

Real estate: \$ _____ Personal property: \$ _____

Yearly income: \$ _____ Source of yearly income: _____

I REQUEST THAT:

10. If a report does not accompany this petition, the court order evaluations to be performed and a report to be prepared.

11. The court determine that the individual requires guardianship as an individual with a developmental disability.

K 12. The court determine and appoint _____ of _____
Name

Address City State Zip Telephone no.

or appoint some other suitable individual or entity as

a. plenary (full) guardian of the individual estate
 b. partial guardian of the individual estate with the following powers: _____

The proposed guardian is a current service provider. No other individual or agency is suitable to serve as guardian.

L 13. The court authorize the guardian to execute an application for admission to _____
Name of facility
_____ located at _____
Address

M 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers
because _____
Describe emergency situation

N 15. The court appoint _____ of _____
Name Address
_____ as standby guardian.
City State Zip Telephone no.

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.

/s/ _____
Signature of attorney

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

/s/ _____
Signature of petitioner

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	REPORT TO ACCOMPANY PETITION TO APPOINT, MODIFY OR DISCHARGE GUARDIAN OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	FILE NO.
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In the matter of _____, an individual with an alleged developmental disability

1. I, _____, report to the court that:
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: _____

Type: _____

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

should be modified

5. Guardianship is needed for the following reason(s): _____

is not needed.

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

8. The recommendations and reasons for the most appropriate living arrangements are as follows:

The guardian should be authorized to make application to place the individual in _____
Name or type of facility
_____ .

Date

Signature of person preparing report

Name of center or agency

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My speciality is _____
if any

2. I last examined the individual on _____

3. Based on that examination and her/his 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 believe 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 are 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.

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<p style="text-align: center;">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p style="text-align: center;">NOTICE OF RIGHT TO REQUEST DISMISSAL OF GUARDIAN OR MODIFICATION OF GUARDIANSHIP ORDER</p>	<p style="text-align: center;">FILE NO.</p>
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In the matter of _____, an individual with a developmental disability

TO: _____

1. You, or any person helping you, may tell this court at any time that: a) you do not want a guardian any more, b) you want a different guardian, or c) you want the court to change what your guardian is allowed to do.
2. You, or any person helping you, may tell the court what you want in a letter, in a telephone call, or in any other way.
3. Your guardian may be discharged or have his or her duties modified when your capacity to perform the tasks necessary for care of yourself or the management of your estate have changed so as to warrant modification or discharge. You, your guardian, or any interested person on your behalf may petition the court for a discharge or modification order.
4. If you make a request to modify or terminate the guardianship, it may be communicated to the court by any means, including oral communication or informal letter. After receiving the communication, the court will appoint a suitable person to prepare and file with the court a petition reflecting the communication.
5. After receiving a petition, the court will conduct a hearing. At the hearing, you will have all the following rights.
 - a. You have a right to be represented by an attorney.
 - b. Unless an appearance has been entered on your behalf, the court, within 48 hours after receiving a petition, will appoint an attorney to represent you.
 - c. You may demand that a jury decide any issue of fact. The jury will consist of six persons.
 - d. You may present evidence and confront and cross-examine all witnesses.
 - e. You have a right to have the hearing closed to the public if you or your attorney requests it.
 - f. You must be present at all court proceedings. Your presence may be excused by the court only on a showing, supported by an affidavit signed by a physician or psychologist who has recently examined you, that your attendance would subject you to serious risk of physical or emotional harm.
 - g. You have the right to have an independent evaluation at your own expense. If you cannot afford it, the evaluation will be paid for by the state.
6. After the hearing, the court will enter a written order stating the factual basis for its findings and may do any of the following:
 - a. dismiss the petition,
 - b. remove the guardian and end the guardianship,
 - c. remove the guardian and appoint a successor guardian,
 - d. modify the original guardianship order, or
 - e. make any other order it considers appropriate and in your interests.

PROOF OF SERVICE

I certify that on this date a copy of this notice was personally served on _____
Name

and that I made a reasonable effort to verbally inform the individual of his/her right to request at a later date the dismissal or modification of his/her guardianship order.

Date

Signature of server

Do not write below this line - For court use only

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.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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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	TOTAL 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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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

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of _____

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 the
not to exceed 91 days

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.

Date of birth

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

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">ORDER APPOINTING GUARDIAN FOR INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY</p>	<p>FILE NO.</p>
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In the matter of _____, an individual with a developmental disability

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. Findings of fact are more fully stated on the record regarding the individual's nature and extent of general intellectual functioning, extent of impairment of adaptive behavior, capacity to manage his/her estate and financial affairs, and capacity to care for self by making and communicating responsible decisions concerning his or her person.

THE COURT FINDS:

3. Notice of hearing was given to or waived by all interested parties.

4. a. The individual was present at the hearing.
 b. The individual was not present at the hearing. His/her presence was excused upon showing by testimony and affidavit of
a
 psychologist, physical
 physician, that the individual's attendance would subject him/her to serious emotional harm.

5. Testimony was given by the person who prepared the report or person who performed an evaluation serving, in part, as the basis for the report.

6. Upon the presentation of clear and convincing evidence and with without the verdict of a jury, the individual is an individual with a developmental disability and requires guardianship services.

7. The individual named above is totally person
 partially without capacity to care for his/her estate as to the following necessary
tasks, responsibilities, or judgments but is otherwise legally competent and has the capacity to perform in other areas.

8. The most appropriate and the least restrictive living arrangement suited to the individual's condition is _____

The individual presently resides in the following facility: _____

9. A reasonable effort was made to question the individual and he/she indicated

no preference as to who should be appointed guardian.

that he/she preferred _____ to serve as guardian
Name (type or print)

and _____ as standby guardian.
Name (type or print)

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

10. There is no qualified, suitable individual or agency willing to act as guardian and the appointment of an agency directly providing services to the individual is necessary at present.

11. A reasonable effort was made to orally inform the individual of his/her right to request the guardianship to be dismissed or modified at any time. A written notice of these rights was also served on him/her.

12. Other: _____

IT IS ORDERED:

13. The petition is granted. denied on the merits. dismissed/withdrawn.

14. _____, whose address and telephone number are
Name (type or print)

Address City State Zip Telephone no.

is appointed

a. plenary guardian of the individual estate until further order of the court

and shall qualify by filing an acceptance of appointment.
 a bond in the amount of \$ _____.

b. partial guardian of the individual estate for the term of _____ years

and shall qualify by filing an acceptance of appointment.
 a bond in the amount of \$ _____, and shall have only the following powers:

The individual retains all legal and civil rights except those which have been specifically granted to the partial guardian. After qualification, the guardian shall comply with all relevant requirements under the law.

15. The guardian is authorized to execute an application to admit the individual named above to

Name of facility

16. _____, whose address and telephone number are
Name (type or print)

Address City State Zip Telephone no.

is appointed standby guardian. In case of death, incapacity, or resignation of the initially-appointed guardian or an emergency situation during the absence and unavailability of the initially appointed guardian, the standby guardian shall file

an acceptance of appointment

bond in the amount of \$ _____

and shall assume the powers and duties of the initially-appointed guardian.

Date

Judge

Attorney name (type or print) Bar no.

Address City State Zip Telephone no.

STATE OF MICHIGAN
PROBATE COURT
COUNTY

LETTERS OF GUARDIANSHIP OF
INDIVIDUAL WITH
DEVELOPMENTAL DISABILITY

FILE NO.

In the matter of _____, an individual with a developmental disability
First, middle, and last name

TO:

Name, address, city, state, and zip

Guardian's telephone no.

You have been appointed and have qualified as partial guardian estate
 plenary guardian of the person of the individual

named above. By this instrument you are granted authority to perform all acts permitted or required by statute, court rules,
and order of this court unless limited below.

The guardian's authority is limited to those acts specifically set forth below:

The order appointing you as guardian expires on _____ .
Date

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 whole of such original, and on
this date, these letters are in full force and effect.

Date

Deputy probate register/clerk

Do not write below this line - For court use only

AS REQUIRED BY MICHIGAN COURT RULES YOU ARE NOTIFIED:

You are required to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE OF ADDRESS: You are required to promptly inform the court of any change in the ward's address within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address.

ANNUAL REPORT:

Your annual report on the condition of the individual with developmental disability is due on _____
of each year. (Use form PC 663.) Date

ACCOUNTS: You must file with this court once a year, either on the anniversary date of your letters of guardianship or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the trust. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account.")

INVENTORY: 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 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 guardian.

DEATH OF WARD: If the ward dies during the guardianship, 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.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply 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