

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>CONSERVATORSHIP</b> <input type="checkbox"/> <b>ADULT</b> <input type="checkbox"/> <b>MINOR</b>	<b>FILE NO.</b>
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In the estate of \_\_\_\_\_ **XXX-XX-**  
Last four digits of SSN

1. I am interested in this estate as \_\_\_\_\_  
State relationship/interest
2. The protected individual's address and telephone number are \_\_\_\_\_.
3. The protected individual has a conservator whose address is \_\_\_\_\_ and has
  - a spouse whose name and address are listed below.
  - child(ren) whose name(s) and address(es) are listed below.
  - descendants of deceased children 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\*).

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE/DOB (if minor)
	Street address		
	City                      State      Zip              Telephone no.		
	Street address		
	City                      State      Zip              Telephone no.		
	Street address		
	City                      State      Zip              Telephone no.		

\*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 conservatorship.
- 6. Accept the conservator's resignation.
- 7. Remove the conservator who     has     has not    been suspended.
- 8. Appoint \_\_\_\_\_

Name (type or print)

Address

City

State

Zip

Telephone no.

as successor conservator.

(SEE SECOND PAGE)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

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

10. Modify the powers of the conservator 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.

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

**NOMINATION BY MINOR:**

I am 14 years of age or older. I nominate \_\_\_\_\_ as conservator, who lives at  
 Name

\_\_\_\_\_ .  
 Address City State Zip

\_\_\_\_\_ Date Signature of minor

BERRIEN COUNTY PROBATE COURT/FAMILY COURT

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

File Number: \_\_\_\_\_

**MINOR GUARDIAN/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 Children's Protective Services Central Registry check and a /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 #: \_\_\_\_\_

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

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

I authorize the Berrien County Probate Court to request information about me/us from the Michigan Family Independence Agency or other 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.

_____	_____	_____	_____
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>
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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	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

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11. \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_ is appointed  
 City State Zip Telephone no.

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



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

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

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

14. Other:

15. The matter is  closed.  not closed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

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

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