

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	<p style="text-align: center;">PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY CONSERVATORSHIP <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR</p>	FILE NO. _____
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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.

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

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)

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STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	ORDER REGARDING TERMINATION/MODIFICATION OF <input type="checkbox"/> GUARDIAN FOR MINOR <input type="checkbox"/> GUARDIAN FOR LII <input type="checkbox"/> CONSERVATOR	FILE NO. _____
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In the matter of _____
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. a. A petition to terminate modify a guardianship conservatorship was filed with this court and should be granted. denied. dismissed.
- b. On the court's own motion, the guardianship conservatorship should be terminated. modified.
- 4. The fiduciary should be removed and a successor appointed.
 should be permitted to resign and a successor appointed.
 has died or become disabled and a successor must be appointed.
 is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.
- 5. The individual continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.
 continues to be a person in need of a conservator.
 is a minor who continues to need a guardian.
 is no longer in need of a guardian. conservator.
- 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.
- 7. A coguardian is necessary.

IT IS ORDERED:

- 8. The petition is granted. denied on the merits. dismissed/withdrawn.
- 9. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.
- 10. _____ is removed permitted to resign as _____ .
Name of fiduciary Type of fiduciary
- S/he shall file with this court and serve on the interested persons a final account no later than _____ .
Date

(SEE SECOND PAGE)

Do not write below this line - For court use only

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.