STATE OF MICHIGAN PROBATE COURT ___ COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE

Court address _____ **Court telephone no.**

(A) In the matter of _____
First, middle, and last name

(B) Petitioner's name, address, and telephone no.

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

(C) 1. The individual named above, age _____ , is a resident of _____ ,
County

Michigan, and presently lives with/at _____ at
Name of person or center or facility

_____ .
Address   City   State   Zip   Telephone no.

Put DOB in box 1 on MC 97. _____   **XXX-XX-** Put SSN in box 2 on MC 97. _____
Date of birth   Last four digits of SSN

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

(D) 2. 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.
			Street address			
			City	State	Zip	Telephone no.
			Street address			
			City	State	Zip	Telephone no.

(E) ☐ 3. 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.

(F) 4. I, _____ , am interested in this matter and make this petition as
Name (type or print)

_____ .
State your interest/relationship

(G) 5. A report and evaluation required by law ☐ accompanies ☐ does not accompany the petition.

(H) 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.

(I) 7. The specific nature and extent of the disability is: _____

_____

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

_____

_____

(K) 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.

(L) 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.

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(M) ☐ 13. The court authorize the guardian to execute an application for admission to _____
Name of facility

_____ located at _____ .
Address

(N) ☐ 14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers

because _____
Describe emergency situation

_____

_____ .

(O) ☐ 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.

_____
Date

_____
Petitioner's signature

_____
Date

_____
Attorney's signature