PROBATE COURT COUNTY OF	PETITION FOR APPOINTMENT OF CONSERVATOR PROTECTIVE ORDER	FILE NO.			
Estate of	ction (first_middle_and last name)	Last four digits of SSN			
$\overline{}$		-			
Name					
and make this petition as	erest/relationship				
	, resides in	County			
at					
	and has property in	nd has property in County			
City, state, zip		0001113			
${f D}ig)$ \Box 3. An action within the jurisdictio	n of the family division of circuit court involving t	he 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.			
☐ a gua ☐ a repr	er of attorney. (Specify name and address below.) dian. (Specify name and address below.) esentative payee for social security. (Specify name	and address below.)			
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Approved, SCAO

PCS CODE: CSR

TCS CODE: CSV

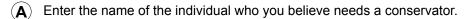
USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form Do not write below this line - For court use only (\mathbf{H}) 7. The individual to be protected has an estate approximately valued at:

0	¢	¢		¢		¢	
\frown		Personal property				• Monthly income	
(I)8	8. The individual to be	protected is receiving the fo	ollowing be	nefits from	n governmental agencie	es:	
	Veterans Adminis	\$	laimant nur	nber			
	Other: 9. The individual to be			\$_			
U ,	a spouse whose	name and address are liste					
		name(s) and address(es) a deceased child(ren) whose r			(es) are listed below		
	if no child(ren) or	descendants of deceased	child(ren), j	parents w	hose name(s) and addr		below.
		ove, presumptive heirs whose re (must notify the Attorney of the strong					neral)
[RELATIONSHIP	AGE/DOB
-		E ADDRESS AND TELEPHONE NUMBER Street address					(if minor)
		City	State	Zip	Telephone no.	_	
		City	Sidle	zip	Telephone no.		
		Street address					
		City	State	Zip	Telephone no.	-	
(K)·	10. None of the persor	ns named above are under	any legal in	capacity e	except		
_		representative of the person, if any					•
(\mathbf{r})	11. The individual is cu	urrently found at	eation				elephone no.
(M)		hat a preliminary protective		ntered per	nding the regular hearin		
<u> </u>						9 2004400	
1	I REQUEST that the co	ourt:					
N	13. Appoint	ddress, and telephone no.					
	who has priority	as Priority relationship			, as conservator	of the estate to	be protected
		•					
\bigcirc	14. Preserve and ap	pply the individual's property	y pending th	ne appoin	tment of a conservator	as follows:	
-							
(\mathbf{P})	15. Enter a protective 16. Appoint the quarter	ve order that provides rdian as special conservato	r with autho	ority to sel	l or otherwise dispose (of the ward's real	property or
	interest in real p						property of
\bigcirc	I declare under the per	nalties of perjury that this pe	atition has h	oon ovar	nined by me and that its	contents are tru	a to tha hast
	of my information, know				incu by the and that its		
(R)	Attorney signature			Date			
7	Attorney name (type or print)	Bar no.	Petitioner	signature		
7	Attorney address			Petitioner	address		
ō	City, state, zip		Telephone no	City, state	, zip		Telephone no.
	17. NOMINATION E	BY PERSON TO BE PROT	ECTED: I a	m 14 yea	rs of age or older. I nom	ninate as my cons	servator
(S)							
	Name, address, and	d telephone no.					

Date

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.



- **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.
- 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.
- (\mathbf{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.
- 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 30755, Lansing, Michigan 48909.
- L Enter the address and telephone number where the individual is currently located. This address and telephone number may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the name, address, and telephone number of the hospital.
- M If there is an emergency that requires that a preliminary protective order be entered before the hearing, check the box and state 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.