

Oakland County Probate Court

1200 N. Telegraph Rd., Dept 457, Pontiac, MI 48341
Tel. 248-858-0260 Fax 248-452-2016
www.oakgov.com/probate (for information and forms)

**PETITION FOR APPOINTMENT OF GUARDIAN,
INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY, PC 658**

These instructions will help you complete and file

- The Petition must be legibly typewritten or printed in ink in the English Language.
- On the line “In the matter of,” list the first and last name of the individual with an alleged developmental disability (middle name is optional).
- At “B”, in the first box, list your name, address, and telephone number.
- On Line 1, list the age of the individual named from “A” and the county the individual resides. (The County of residence must be Oakland). Insert the name of the facility, center, or person the individual currently resides with along with the address and telephone number. This address and telephone number may or may not be the home of the individual. **The date of birth and the last 4 digits of SSN# must be filled out on Form MC 97 which is the Protected Personal Identifying Information form.** (Please note that your Petition will be returned if we do not receive Form MC 97).

Check the box if the individual is a citizen of a foreign country and list the foreign country.

- On Line 2, list all presumptive heirs of the Developmentally Disabled individual as follows:
 - Include the full name of the presumptive heir, their age, their relationship to the individual, the complete address (city, state, and zip code), and phone number.
 - If the individual has a spouse or adult children, then list them first.
 - If there is no spouse or adult children, then list the individual’s parent(s).
 - If there is no spouse, adult children, or living parent(s); list the siblings of the individual.
 - If there is no spouse, adult children, living parents, or siblings; list any other presumptive heirs.
 - If the individual does not have any presumptive heirs, the Attorney General shall be listed as a presumptive heir with the email address of AG-PA@michigan.gov or the mailing address:
Michigan Department of Attorney General
Public Administration Division
P.O. Box 30755
Lansing, MI 48909
 - Note: A stepparent does not qualify as a presumptive heir.
 - If one or both parents of the individual are deceased or unacknowledged you must state that under Line 2.
 - You must list a legal father even if the individual’s parents are divorced.
- On Line 3, 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, 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, the name of the judge assigned to the case, and check the box indicating whether the case is still pending or not.

- On Line 4, insert your name and your relationship or interest to the individual.
- On Line 5, check the box to indicate whether the Report to Accompany the Petition, the physical/medical evaluation and the psychological evaluation are **all** being submitted along with the petition or not.
- On Line 6, check the relevant boxes (**a minimum of three must be checked**).
- On Line 7, list the specific nature and extent of the disability (diagnosis).
- On Line 8, provide a detailed explanation as to how the guardian will assist the individual.
- On Line 9, give an estimated value of the individual's assets, yearly income, and sources of the income.
- On Line 12, list the full name, address, and telephone number of the person you are requesting to be appointed guardian of the individual.
 - Check the appropriate boxes under subsection a or b indicating whether you are requesting a plenary guardian (full powers) or partial guardian (for specific powers and is limited to five years).
 - Check the appropriate boxes for the individual, estate, or both. Guardian of the individual is for housing, medical care, etc. Generally, guardian of the estate is if the individual's income is more than social security and pension or if there are any assets.
 - If b, partial guardian, is checked, you must list the requested powers such as: placement, medical decisions, co-guardians may act independently, financial, legal/contractual, consent to photograph and fingerprint, release of information, consent to programs, all powers, or "other."
 - Check the box to indicate whether the proposed guardian is a current service provider.
- On Line 13, check the box if the guardian needs to execute an application for admission to place the individual in a facility. Include the name and address of the facility.
- On Line 14, check the box if there is an emergency situation that requires the appointment of a temporary guardian. You must file a letter from a physician with the Petition if there is a medical emergency and you are requesting an expedited hearing.
- On Line 15, check the box to request the appointment of a standby guardian and include their name, address, and phone number. The standby guardian cannot be the nominated guardian.
- Make sure to date the form and sign your name.
If you have an attorney assisting you with this petition, they must date and sign the form.
- **See separate instructions for completing the Report to Accompany the Petition Form PC 659.**