

# **GUARDIANSHIPS FOR INDIVIDUALS WITH DEVELOPMENTALLY DISABILITY**

**PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE  
OR HELP YOU FILL OUT THESE FORMS.  
IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.**

## **DOCUMENTS INCLUDED IN THIS PACKET:**

- Petition for Appointment of Guardian, Individual with Alleged Developmental Disability PC 658 (no filing fee according to Probate Court Fee Schedule)
- Protected Personal Identifying Information MC 97
- Report to Accompany Petition to Appoint, Modify or Discharge Guardian of Individual with Developmental Disability PC 659
  - PLEASE NOTE: This form must be completed by a physician, center, or agency. Evaluations must be appended to this report, including at least one evaluation by a physician or psychologist, in accordance with MCL 330.1612.
  - ADDITIONALLY: guardianship shall not be appointed unless the person who prepared the report or at least one of the persons who performed an evaluation attached to this report testifies at the scheduled court hearing.
- Central Registry Clearance Request DHS 1929
  - PLEASE NOTE: Photo ID is required to be filed with this form.
- Osceola County Probate Court Criminal History Check Release
- Acceptance of Appointment PC 571
- Addendum to Protected Personal Identifying Information MC 97a

## **A PERSON WITH A DEVELOPMENTAL DISABILITY MEANS EITHER OF THE FOLLOWING:**

- If applied to an individual older than 5 years old, a severe, chronic condition that meets all of the following requirements:
  1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
  2. Is manifested before the individual is 22 years old.
  3. Is likely to continue indefinitely.
- Results in substantial functional limitation in 3 or more of the following areas of major life activity:

<input type="checkbox"/> Self-care	<input type="checkbox"/> Mobility
<input type="checkbox"/> Learning	<input type="checkbox"/> Self-direction
<input type="checkbox"/> Receptive & Expressive language	<input type="checkbox"/> Capacity for independent living

## **CERTIFIED COPIES**

Certified copies of the Letters of Guardianship may be obtained after the hearing for \$12.00 each, according to the Probate Court Fee Schedule.

**Developmentally Disabled Guardianship**

**Revised 10/2024**

*Osceola County Probate Court, 301 W. Upton Ave, Reed City, MI 49677  
Phone: 231-832-6124 Fax: 231-832-6181*

## INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY"

Please type or print neatly using black or blue ink.

Items A through O 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.

- (A)** Enter the name of the individual whom you believe needs a guardian.
- (B)** Enter your name, address, and telephone number in the first box.
- (C)** Enter the age of the individual on the first line, the name of the county the person resides in on the second line, and the name, address, and telephone number of the person, center or facility where the person is currently located. This address and telephone number may or may not be the home of the individual. Provide the date of birth and the last four digits of the individual's social security number on form MC 97.
- (D)** List the presumptive heirs of the individual. If the individual has a spouse or minor or adult children, list those individuals' names, addresses, ages, relationships and current addresses. If the individual does not have a spouse or children, list the parents of the individual and if there are no living parents, then the siblings of the individual, with their ages, relationship and current addresses. If the individual doesn't have any siblings, list any other presumptive heirs. If the individual has no presumptive heirs, you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.
- (E)** 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, or divorce or support action. If the individual is under the age of 19 1/2, 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 of the action, the name of the judge assigned to the case. Place a check in the box indicating whether the case is still pending or not.
- (F)** Enter your name on the first line and your relationship to the individual (or your interest) on the second line.
- (G)** Indicate whether a report and evaluation required by law accompanies or does not accompany the petition.
- (H)** Check the appropriate boxes under this item (not less than three).
- (I)** Indicate the specific nature and extent of the disability.
- (J)** Explain in detail, giving specific examples why a guardian is needed to assist the individual. For example, the individual is unable to make decisions in all aspects of life, such as residential and medical decisions.
- (K)** Give an estimated value of the individual's estate and income. If the individual receives social security benefits or some other type of monthly benefit, calculate the yearly amount and indicate the source of the income.
- (L)** Enter on the first line the name of the person you are requesting be appointed guardian of the individual and the address of that person on the second line.  
  
Check the appropriate box indicating whether you are requesting a plenary (full) guardian or a partial guardian of the individual and/or the estate and list the powers you desire the guardian to have. A full guardian has custody of the individual and will make all decisions regarding the individual's person. A partial guardian does not have custody of the individual, which will allow the individual to make certain decisions on his/her own. Please note that unless the individual owns or has interest in real estate or substantial other personal property or has income from a source other than social security (unless the individual is the beneficiary of a trust), it is generally not necessary to appoint a guardian of the estate.  
  
Check the next box if the proposed guardian is a current service provider. A current service provider includes the owner of an adult foster care home where the individual resides and who is not related to the individual.
- (M)** Check this box if it is necessary for the guardian to execute an application for admission to place the individual in a facility. Enter the name of the facility on the first line and the address of the facility on the second line.
- (N)** Check this box if an emergency exists and it is necessary to have a temporary guardian appointed. Indicate in detail the emergency situation on the provided lines.
- (O)** Check this box to request the appointment of a standby guardian. Enter the name of the person you want to be the standby guardian on the first line and the address of that person on the second line. The standby guardian cannot be the nominated guardian. Generally, a standby guardian should be requested unless the proposed guardian is an agency or corporation. A standby guardian will be able to step in to act as guardian in certain circumstances, such as if the guardian is unable to act or dies.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>  OSCEOLA	<b>PETITION FOR APPOINTMENT OF GUARDIAN, INDIVIDUAL WITH ALLEGED DEVELOPMENTAL DISABILITY</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson (P70870)
<b>Court address</b> 301 W. Upton Ave., Reed City, MI 49677		<b>Court telephone no.</b> 231-832-6124

**(A)** In the matter of \_\_\_\_\_  
First, middle, and last name

<b>(B)</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.

13. The court authorize the guardian to execute an application for admission to \_\_\_\_\_  
Name of facility  
\_\_\_\_\_ located at \_\_\_\_\_  
Address

14. Pending the appointment of a guardian, the court appoint a temporary guardian or exercise its emergency powers  
because \_\_\_\_\_  
Describe emergency situation  
\_\_\_\_\_  
\_\_\_\_\_

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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE  Hon. Tyler Thompson (P70870)
Osceola		
Court address 301 W. Upton Ave, Reed City, MI 49677		Court telephone no. 231-832-6124
Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> OSCEOLA COUNTY CIRCUIT COURT - FAMILY DIVISION	<b>REPORT TO ACCOMPANY PETITION TO</b> <b>APPOINT, MODIFY OR DISCHARGE</b> <b>GUARDIAN OF INDIVIDUAL WITH</b> <b>DEVELOPMENTAL DISABILITY</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, an individual with an alleged developmental disability

1. I, \_\_\_\_\_, report to the court that:  
Name (type or print)

2. The individual's developmental disability may be described as follows:

Nature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type: \_\_\_\_\_

\_\_\_\_\_

3. The appended evaluations are current, take into account the individual's abilities, and were performed and signed by the following individuals:

Evaluation	Name	Title	Date Performed
Mental			
Physical			
Social			
Educational			
Adaptive Behavior			
Social Skills			

4. Appended to the report is a listing of all psychotropic medication, plus all other medication that the individual is receiving on a continuous basis, the dosage of the medication, and a description of the impact upon his or her mental, physical and educational condition, adaptive behavior, and social skills.

should be modified

5. Guardianship  is needed for the following reason(s): \_\_\_\_\_

is not needed.

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEE OTHER SIDE

Do not write below this line - For court use only

6. The type and scope of guardianship services needed are as follows:

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7. The recommendations and reasons for the most appropriate rehabilitation plan are as follows:

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8. The recommendations and reasons for the most appropriate living arrangements are as follows:

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The guardian should be authorized to make application to place the individual in \_\_\_\_\_  
Name or type of facility  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person preparing report

\_\_\_\_\_  
Name of center or agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST**  
 Michigan Department of Health and Human Services  
 (Revised 5-23)

**COPY PHOTO ID HERE**  
  
**OR**  
  
**ATTACH A SEPARATE PAGE**

**SECTION 1 – INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)			
Maiden Name, Aliases, also known as (A.K.A)		Social Security Number	Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
Signature Required for Individual Being Cleared			Date

**SECTION 2 – REQUESTER INFORMATION**

Check Appropriate Box

Employer

Volunteer Agency

Out-of-State Child Caring Institution

Out-of-State Adoption/Foster Care Home Screening

Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Individual Self-Request

Name of Agency or Organization		Name of Requester	
OSCEOLA COUNTY PROBATE COURT		KATRINA SMALL	
Address	City	State	Zip Code
301 W. UPTON AVE:	REED CITY	MI	49677
Email	Fax	Phone Number	
KSMALL@18THPROBATECOURT.ORG	231-832-6181	231-832-6124	

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

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 on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

# INSTRUCTIONS FOR DHS-1929

## REQUIREMENTS

All submitted requests must include a completed form with signature and a copy of the individual of the inquiry's legal photo ID.

With this signed written request, the department may provide confirmation of central registry placement to an individual, office, agency, and/or entity authorized by law to receive it. Results of placement on central registry will be indicated on a DHS-1910, Central Registry Check, response letter and mailed to the address on the individual's legal photo ID within ten (10) business days, via certified mail or marked restricted (to be delivered to addressee only), OR via encrypted email to the requestor, if authorized to receive the results.

If the individual of the inquiry is not listed on central registry, results indicating the person is not listed on central registry as of the date the clearance was performed will be marked on a DHS-1910, Central Registry Check, response letter and issued via standard mail, fax, or by encrypted email to the email address provided on this form within ten (10) business days. If Section 2 is completed, the clearance results will be sent to the listed agency lead.

## INSTRUCTIONS

### **Employer and/or Volunteer Agency**

Includes all agencies, organizations and companies employing staff or seeking volunteers. Includes school and university coursework programs, hospitals, medical centers, and third-party companies. Excludes camp organizations, children camp organizations, and Michigan-based child caring institutions.

**Michigan-Based Agencies:** Michigan employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the employer or volunteer agency is located. See the attached list for MDHHS county office locations and contact numbers.

**NOTE:** If the Michigan-based agency is requesting a central registry clearance on an employee/volunteer or potential employee/volunteer who **resides out-of-state**, submit the DHS-1929 form, along with a legal ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

**Out-of-State Agencies:** Out-of-state employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

**Out-of-State Child Caring Institutions:** Out-of-state child caring centers, child placing agencies, and residential centers requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

**NOTE:** Out-of-State Child Placing Agencies requesting investigation case record history **do not complete this form**. Agencies outside of Michigan who are investigating a report of known or suspected child abuse or neglect, may request records by \*emailing a request on letterhead to

MDHHS-OutofStateAgencyCPSRecordsRequest@michigan.gov.

**Out-of-State Adoption and Foster Home Screening:** The Division of Child Welfare Licensing (DCWL) will conduct central registry clearances for out-of-state agencies for the following purposes:

1. Licensing foster homes.
2. Adoption screening.

All requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include all the following and submit by \*email to: MDHHS-DCWL-OSCR@michigan.gov

1. Name and title of individual requesting the information.
2. Contact information (phone, fax numbers, email address, etc.)
3. Name(s) of the individual(s) requested to be cleared.
4. The individual being cleared must complete the DHS-1929, Central Registry Clearance Request form that provides authorization for MDHHS to complete the requested clearance. All submissions must include the applicant's legal photo ID.
5. The DHS-1929 form must accompany the agency's request.

#### **Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney**

Any Michigan court, law enforcement agency, Department of Corrections or prosecuting attorney requesting a central registry clearance must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the agency is located. See the attached list for MDHHS county office locations and contact numbers.

#### **INDIVIDUAL SELF-REQUEST**

**Michigan Residents:** Michigan residents who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to your local MDHHS office. Results will be sent to your listed address. If you need to retrieve your results in person at your local MDHHS office, you must provide your legal photo ID to receive the results. See the attached list for MDHHS county office locations and contact numbers.

**Out-of-State Residents:** Individuals who are not residents of Michigan who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

#### **Other Agencies/Organizations Not Listed**

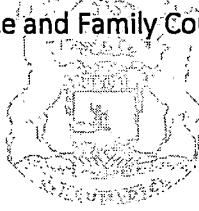
If your agency is not listed within the instructions, visit the Michigan Central Registry website for instructions to obtain the information needed by your agency to request or obtain a central registry clearance. [www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect](http://www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect)

\*MDHHS strives to protect client confidentiality. If using email to communicate with MDHHS, please encrypt the email to protect the client's information. If encryption is not available, please mail or fax the request.

The 18<sup>th</sup> PROBATE COURT & 49<sup>th</sup> CIRCUIT COURT - FAMILY DIVISION

MECOSTA COUNTY  
Mecosta County Courthouse  
400 Elm Street  
Big Rapids, MI 49307  
Phone: (231) 592-0135  
Fax: (231)-592-0191

Honorable Tyler Thompson  
Probate and Family Court Judge



OSCEOLA COUNTY  
Osceola County Courthouse  
301 West Upton Ave.  
Reed City, MI 49677  
Phone: (231) 832-6124  
Fax: (231) 832-6181

**OSCEOLA COUNTY PROBATE COURT CRIMINAL HISTORY CHECK RELEASE**

I, the undersigned, having requested my appointment as a guardian/conservator with Osceola County Probate Court, do hereby authorize the LEIN agent to conduct a criminal history file check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as a guardian/conservator.

CASE NAME: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

NAME OF PURPOSED GUARDIAN: \_\_\_\_\_

MAIDEN NAME/OTHER NAMES(S): \_\_\_\_\_

DRIVERS LICENSE/STATE ID NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

NOTE: A COPY OF DRIVERS LICENSE/STATE ID MUST BE ATTACHED TO THIS RELEASE

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF</b> <input type="checkbox"/> <b>APPOINTMENT</b> <input type="checkbox"/> <b>DESIGNATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson (P70870)
<b>Court address</b> 301 W. Upton Ave, Reed City, MI 49677	<b>Court telephone no.</b> 231-832-6124	

In the matter of \_\_\_\_\_  
First, middle, and last name

- 1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary
- 2. I have been designated standby guardian of the legally incapacitated individual.
- 3. I accept the  appointment,  designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- 4. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my  
not to exceed 91 days  
responsibility the following real estate or ownership interest in a business entity:

Describe real property or business interest

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because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

	Date	
	Signature	
Attorney name (type or print)	Bar no.	Name (type or print)
Attorney address		Address
City, state, zip	Telephone no.	City, state, zip
		Telephone no.
		Put DOB in row 10 on MC 97a. Date of birth

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>  Osceola Court address 301 W. Upton Ave, Reed City, MI 49677	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson (P70870)  Court telephone no. 231-832-6124
Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other