

# CONSERVATORSHIPS

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.

## FEES:

- THE INITIAL FILING FEE OF **\$175.00** IS DUE AT THE TIME OF FILING BASED UPON THE PROBATE COURT FEE SCHEDULE.
- CERTIFIED LETTERS OF CONSERVATORSHIP ARE **\$12.00** EACH ACCORDING TO THE PROBATE COURT FEE SCHEDULE.

## FORMS INCLUDED IN THIS PACKET:

- What You Need to Know Before Filing a Petition to Appoint a Conservator PC 667
- Petition for Appointment of Conservator PC 639
- Protected Personal Identifying Information MC 97
- Report of Physician PC 630 (if applicable)
- Central Registry Clearance Request DHS 1929
  - PLEASE NOTE: Photo ID is required to be filed with this form.
- Photo ID of individual(s) requested to be guardian
- Osceola County Probate Court Criminal History Check Release for individual(s) requested to be guardian
- Acceptance of Appointment PC 571
- Addendum to Protected Personal Identifying Information MC 97a

These forms and additional SCAO approved forms are available and can be viewed, printed, and completed at <http://courts.michigan.gov>.

## DEFINITION OF A CONSERVATOR:

A conservator is a trustee to all of the protected individual's property/assets, or to the part of the property/assets specified in an order.

**WHAT YOU NEED TO KNOW BEFORE  
FILING A PETITION TO  
APPOINT A CONSERVATOR**

»» **What is a conservator?**

A conservator is a person appointed by a probate court and given power and responsibility for the estate (financial assets and property) of an adult (called a *protected individual*).

»» **What is a guardian?**

A guardian is a person appointed by a probate court and given power and responsibility to make certain decisions about the care of another individual. These decisions might include treatment decisions or where the individual should live. If the individual has a reduced life expectancy due to advanced illness, the guardian may have the power to make an informed decision on behalf of the individual regarding receiving, continuing, discontinuing, or refusing medical treatment. A **full guardian** can make all decisions for the individual. A **limited guardian** can only make decisions for the individual that the court allows.

»» **When would a conservator be needed?**

A conservator may be needed when the individual is unable to manage his or her property and financial affairs effectively because of certain reasons and:

- 1) he or she has property that will be wasted or used up unless proper management is provided; or
- 2) funds are needed for the support, care, and welfare of the adult and any of his or her dependents.

A mentally competent adult who, because of age or physical limitation, may voluntarily petition the

court himself or herself for the appointment of a conservator to assist in managing his/her estate.

Some of the reasons that might prevent the individual from being able to manage his or her property and financial affairs are:

- 1) mental illness or deficiency;
- 2) physical illness or disability;
- 3) chronic use of alcohol /other intoxicants;
- 4) confinement;
- 5) detention by a foreign power; or
- 6) disappearance.

»» **Is a conservator needed for an individual who cannot manage his or her property or financial affairs effectively?**

A conservator might not be necessary if someone else already has legal authority (an individual with power of attorney, for example) to make decisions about the individual's estate and there are no problems with the decisions being made.

»» **How is a proceeding for a conservator started?**

Any person who is interested in the individual's welfare may complete a Petition for Appointment of Conservator (form PC 639) and file it, along with the filing fee, with the probate court.

»» **Is a lawyer necessary?**

No, but a lawyer can be helpful, especially if any interested person opposes the appointment of a conservator.

»» **Can mediation be used for disagreements about a conservator?**

Certain disagreements about a request for a guardian may be mediated outside the court if all parties agree to attend mediation or if a judge orders parties to attend mediation. The court clerk can tell you if

mediation services are available in your court.

»» **What happens when the court accepts the petition for filing?**

After the petition is accepted for filing, the court will appoint a *guardian ad litem* to represent the individual in the court proceeding unless the individual has his or her own lawyer or unless a mentally competent adult voluntarily requests the appointment.

It is important for you to cooperate with the guardian ad litem. The guardian ad litem does not have the authority to make decisions for the individual. The individual may have to pay for the guardian ad litem.

If necessary, the court may also order the individual to be examined by a physician or a mental health professional. The court may also send someone (called a *visitor*) to interview the individual. The visitor may be the guardian ad litem or a court officer or court employee.

»» **Can the individual get a conservator immediately in an emergency?**

If the court believes an individual's estate requires immediate protection before appointing a conservator, the court may issue a preliminary protective order. This order may involve the appointment of a special conservator. The order will authorize specific acts that provide for immediate protection of the individual's assets.

## 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.

- (A)** Enter the name of the individual who you believe needs a conservator. Provide the last four digits of his or her social security number on MC 97 as instructed.
- (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 on form MC 97 as instructed, 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.
- (D)** 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.
- (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.
- (I)** 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 guardian appointed special conservator to dispose of real property.
- (R)** Enter today's date and sign your name.
- (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.

<p style="text-align: center;"><b>STATE OF MICHIGAN PROBATE COURT COUNTY</b></p> <p>Osceola</p>	<p style="text-align: center;"><b>PETITION FOR</b></p> <p><input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER</p>	<p style="text-align: center;"><b>CASE NO. and JUDGE</b></p> <p>Hon. Tyler Thompson P70870</p>
<p><b>Court address</b> 301 W. Upton Ave, Reed City, MI 49677</p>		<p><b>Court telephone no.</b> 231-832-6124</p>

**(A)** In the matter of \_\_\_\_\_, Put last 4 digits of SSN in  
First, middle, and last name **XXX-XX-Ref. No. row 2 on MC 97.**  
Last four digits of SSN

Petitioner's name, address, and telephone no.

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

**(B)** 1. I, \_\_\_\_\_, am interested in this matter  
Name  
 and make this petition as \_\_\_\_\_  
State interest/relationship

**(C)** 2. The individual was born \_\_\_\_\_, resides in \_\_\_\_\_ County  
Put DOB in Ref. No. row 1 on MC 97.  
Date  
 at \_\_\_\_\_  
Address  
 \_\_\_\_\_ and has property in \_\_\_\_\_ County.  
City, state, zip

**(D)**  3. An action within the jurisdiction of the family division of circuit court involving the 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.

**(E)** 4. The individual has  a power of attorney. (Specify name and address below.)  
 a guardian. (Specify name and address below.)  
 a representative payee for social security. (Specify name and address below.)  
 \_\_\_\_\_  
Name and address

**(F)** 5.  a. The individual is an adult unable to manage his/her property and business affairs effectively because of  
 mental illness  chronic use of drugs  confinement  
 mental deficiency  chronic intoxication  disappearance  
 physical illness or disability  detention by a foreign power  \_\_\_\_\_  
 and either  
 the adult has property that will be wasted or dissipated unless proper management is provided, or  
 the adult or his/her dependents are in need of money for support, care, and welfare, and protection is necessary to obtain or provide money.  
 b. The adult petitioner is mentally competent but because of age or physical infirmity is unable to manage his/her property and affairs effectively, and recognizing the disability, requests appointment of a conservator.

5. (continued)

- c. The individual is a minor who
  - owns money or property that requires management or protection that cannot otherwise be provided.
  - has or may have business affairs that may be jeopardized or prevented by minority.
  - needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- d. I am the guardian of the ward and it is in the ward's best interests to sell or otherwise dispose of the ward's real property or interest in real property.

**G** 6. The statements in item 5 are supported by the following facts: \_\_\_\_\_  
 (Attach a separate sheet if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_

**H** 7. The individual to be protected has an estate approximately valued at:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Real property Personal property Insurance Monthly income

**I** 8. The individual to be protected is receiving the following benefits from governmental agencies:

- Social Security \$ \_\_\_\_\_  SSI \$ \_\_\_\_\_  MDHHS \$ \_\_\_\_\_
- Veterans Administration \$ \_\_\_\_\_, claimant number \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**J** 9. The individual to be protected has

- a spouse whose name and address are listed below.
- child(ren) whose name(s) and address(es) are listed below.
- descendants of deceased child(ren) 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 - see instructions for the address of the Attorney General).

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE (if minor)*
	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.		

\*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

10. None of the persons named above are under any legal incapacity except

\_\_\_\_\_  
Name, incapacity, and representative of the person, if any

11. The individual is currently found at \_\_\_\_\_  
Address or location Telephone no.

12. It is necessary that a preliminary protective order be entered pending the regular hearing because

\_\_\_\_\_

I REQUEST that the court:

13. Appoint \_\_\_\_\_  
Name, address, and telephone no.

who has priority as \_\_\_\_\_, as conservator of the estate to be protected.  
Priority relationship

14. Preserve and apply the individual's property pending the appointment of a conservator as follows:

\_\_\_\_\_

15. Enter a protective order that provides \_\_\_\_\_

16. Appoint the guardian as special conservator with authority to sell or otherwise dispose of the ward's real property or interest in real property.

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 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

17. **NOMINATION BY PERSON TO BE PROTECTED:** I am 14 years of age or older. I nominate as my conservator

\_\_\_\_\_  
Name, address, and telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person to be protected

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 PROBATE COURT COUNTY OF OSCEOLA</b>	<b>REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, alleged incapacitated individual

1. I am a licensed  physician.  mental health professional. My speciality is \_\_\_\_\_  
if any

2. I last examined the individual on \_\_\_\_\_

3. Based on that examination and her/his medical record, the individual suffers from the following physical or psychological infirmities:

\_\_\_\_\_  
\_\_\_\_\_

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

\_\_\_\_\_  
\_\_\_\_\_

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

\_\_\_\_\_  
\_\_\_\_\_

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply
- |   |   |
|---|---|
| <input type="checkbox"/> determining where to live.         | <input type="checkbox"/> handling personal financial affairs.       |
| <input type="checkbox"/> consenting to supportive services. | <input type="checkbox"/> authorizing or refusing medical treatment. |

7. The prognosis for improvement in the individual's conditions is \_\_\_\_\_

My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

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

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

**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

**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

OSCEOLA COUNTY PROBATE COURT

Name of Requester

KATRINA SMALL

Address

301 W. UPTON AVE.

City

REED CITY

State

MI

Zip Code

49677

Email

KSMALL@18THPROBATECOURT.ORG

Fax

231-832-6181

Phone Number

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

**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.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> OSCEOLA <b>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	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson P70870
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 _____		

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**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

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

Honorable Tyler Thompson  
Probate and Family Court Judge

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



OSCEOLA COUNTY  
Osceola County Courthouse  
301 West Upton  
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