

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 OF
AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY**

THESE INSTRUCTIONS WILL HELP YOU COMPLETE AND FILE:

Petition for Appointment of Guardian, Individual with Alleged Developmental Disability, PC 658 dated 9/08

- The Petition must be legibly typewritten or printed in ink in the English Language.
- In the upper left-hand corner under State of Michigan write “Oakland” as the County.
- 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).
- On Line 1, insert your name and your relationship to the individual (or your interest) on the second line.
- On Line 2, check the box if there is or was a case in the family division of the circuit court involving family or family members of the individual with an alleged developmental disability, and complete the requested information.
- On Line 3, list the date of birth of the individual, and the county where the individual resides. The County of residence must be Oakland. If the residence cannot be determined, the present location must be in Oakland County. Insert the current address of the individual, the name of the facility/center or person he/she lives with, and the last four digits of the individual’s social security number. Check the box if the individual is a citizen of a foreign country and list the foreign country.
- When completing Line 4 of the Petition, list all of the Developmentally Disabled Individual’s **presumptive heirs** as follows:
 - Include the full name of the presumptive heir, their age, their relationship to the individual, and the complete address (city, state, and zip code).
 - If there is no spouse and no descendants, then the parent(s) are the presumptive heirs.
 - If there is no spouse and no descendants and no parents, the brothers and sisters (all of them) and descendants of any deceased brothers and sisters (all of them) are presumptive heirs.
 - If there is no spouse but there are descendants, the descendants (children and/or children of deceased children) are the presumptive heirs.
 - If there is a spouse, he/she is the presumptive heir. If there are also parents or descendants, they are also presumptive heirs with the spouse. (Parents are not presumptive heirs if there is both a spouse and descendants).
 - If there is no spouse, descendants, parents, siblings or descendants of deceased siblings, the grandparents or their descendants (if they are deceased) are presumptive heirs.

- If the Developmentally Disabled Individual does not have any presumptive heirs, then the Attorney General is listed as a presumptive heir with the mailing address:

ATTORNEY GENERAL
 ATTN: State Public Administrator
 3030 W. Grand Blvd., Suite 10-200
 Detroit, MI 48202

- Note: A step parent does not qualify as a presumptive heir.
- If one or both of the parents of the individual are deceased or unacknowledged you must state that under Line 4.
- You must list a legal father even if the individual's parents are divorced.
- On Line 5, check the box to indicate whether the Report to Accompany Petition is being filed with the Petition.
- 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, include the 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 nominated guardian.
- Check the appropriate boxes under subsection a or b. "Plenary" means full powers. "Partial" is for specific powers and is limited to five years. Guardian of the person is for housing, medical care, etc. Guardian of the estate is for finances, assets, and income.
- If b is checked, 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."
- Generally, the estate box is checked if the individual's income is more than social security and pension, or if there are any assets.
- 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 the facility. Include the name of the facility and the facility's address.
- 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 if a standby guardian is requested and include their name and address. The inclusion of a standby guardian avoids additional hearings if the appointed guardian becomes unable to continue. Be aware that the standby guardian must sign the Report of Guardian on Condition of Individual with Developmental Disability annually.
- Include the date, your signature, address, and telephone number. Your signature must be an original. If you have an attorney, their signature, name, bar number, address and telephone number must be listed.
- *See separate Instructions for Completing Report to Accompany Petition, PC 659.*