

**LITTLE RIVER BAND
OF OTTAWA INDIANS
TRIBAL COURT**

**PETITION FOR
APPOINTMENT OF GUARDIAN
OF INCAPACITATED INDIVIDUAL**

CASE NO. and JUDGE

Court address

Court telephone no.

A In the matter of _____
First, middle, and last name Social Security Number

Petitioner's name, address and telephone no.

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

B Date of birth	Driver's license number	Race	Sex
Address of alleged incapacitated individual where now found			

C 1. I, _____, am interested in this
Name (type or print)
matter and make this petition as _____
State interest/relationship

D 2. An action within the jurisdiction of the family division of circuit court involving the family or family members of the person named above has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

E 3. The adult is a resident of _____, County _____ State
City, village, or township
and has a home address and telephone number of _____
Address

City State Zip Telephone no.

The individual is a citizen of the following foreign country: _____

F 4. The adult has a patient advocate/power of attorney for health care. (Specify name and address below.)
 a power of attorney. (Specify name and address below.)
 a conservator. (Specify name and address below.)

Name and address

G 5. The patient advocate designation was not executed in compliance with MCL 700.5506.
 The patient advocate is not complying with the terms of the designation or of MCL 700.5506 to MCL 700.5512.
 The patient advocate is not acting consistent with the ward's best interests.

- H** 6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of
 mental illness. mental deficiency. physical illness or disability.
 chronic intoxication. chronic drug use. _____ .

- I** 7. Specific facts about the adult's recent condition or conduct that lead me to believe the adult needs a guardian are
 (Attach a separate sheet if more space is needed.)

- J** 8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the adult are _____ .

- K** 9. The adult is is not entitled to receive Veterans Administration benefits. The Veterans Administration claimant number is _____ .

- L** 10. The alleged incapacitated individual has
 a spouse whose name and address are listed below.
 adult child(ren) whose name(s) and address(es) are listed below.
 living parent(s) whose name(s) and address(es) are listed below.
 no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
 none of the above (must notify Attorney General - see instructions for the address of the Attorney General).

NAME	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.
	Nominated guardian	Street address			
		City	State	Zip	Telephone No.

M 11. None of the adults named above is under any legal incapacity except _____

Give name, legal incapacity, and representative of the person, if any

N 12. **I REQUEST** that the court determine the adult is an incapacitated individual and appoint

Name

Address

City, state, zip

Telephone no.

who has priority as _____, full guardian with all powers provided by statute.
Priority relationship limited guardian with the following powers:

O 13. No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency:

P 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

Q 14. **NOMINATION BY THE ALLEGED INCAPACITATED INDIVIDUAL**

In the event the court finds that I require a guardian, I nominate _____
Name

Address, city, state, zip

Telephone no.

Date

Signature of alleged incapacitated individual