

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

**FILING FEE: \$175.00**

CHECK/MONEY ORDER PAYABLE TO:

**“MONROE COUNTY PROBATE COURT”**

**IF OPENING GUARDIANSHIP AT SAME TIME:**

-ONLY ONE PHYSICIAN’S REPORT NEEDS TO BE OBTAINED. COURT WILL COPY REPORT FOR THE CONSERVATORSHIP FILE.

**AFTER FILING PETITION AND PHYSICIAN’S REPORT:**

-COURT WILL SCHEDULE HEARING AND PROVIDE PACKETS/EXPLAIN PROOF OF SERVICE.

**ALL FORMS ARE AVAILABLE AT THE STATE COURT WEBSITE:**

[www.courts.michigan.gov](http://www.courts.michigan.gov)

**COURTS MAILING ADDRESS:**

MONROE COUNTY PROBATE COURT

106 EAST FIRST STREET

MONROE MI 48161

734.240.7346

<p style="text-align: center;">STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE</p>	<p style="text-align: center;">ADDENDUM TO SCAO FORM PC 625,650,651</p>	<p>FILE NO.</p>
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**Instructions for filing a request for emergency temporary guardianship:**

If you believe an emergency exists that needs to be addressed immediately or as soon as possible to safeguard an individual's welfare, please check all the boxes that describe the nature of the emergency:

- The individual will be in physical danger due to abuse, domestic violence or other threat.
- The individual will suffer emotional/psychological harm.
- The individual will have inadequate housing or be homeless.
- The individual will be at risk of not having their basic needs (food, water, shelter) met.
- The individual has medical needs to be addressed.

Does the individual(s) live with you?     YES     NO

**FOR CONSIDERATION OF MINOR GUARDIANSHIP ONLY:**

- The parent(s) of the child is/are currently in jail/prison.
- The parent(s) is/are involved in criminality.
- Other: \_\_\_\_\_

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---DO NOT WRITE BELOW THIS LINE---  
COURT USE ONLY

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> MONROE <b>COUNTY</b>	<b>PETITION FOR</b> <b>APPOINTMENT OF GUARDIAN</b> <b>OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 106 E. FIRST ST. MONROE, MI 48161	<b>Court telephone no.</b> 734-240-7346
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**(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>(B)</b>	Date of birth Put DOB in Ref. No. row 1 on MC 97.	Race	Sex	Address of alleged incapacitated individual where now found
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**(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 \_\_\_\_\_, \_\_\_\_\_ State  
 City, village, or township County  
 and has a home address and telephone number of \_\_\_\_\_  
 Address

City	State	Zip	Telephone no.
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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:

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

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.

**(P)** \_\_\_\_\_  
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

# INSTRUCTIONS FOR COMPLETING "PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL"

Please type or print neatly using black or blue ink.

Items A through Q 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 guardian.
- (B)** Enter the date of birth of the individual named in **(A)** in Ref. No. row 1 on form MC 97, then fill in the race, and sex of the individual. Enter the address where the individual is currently located. This address may or may not be the home of the individual. For example, if the individual is currently in the hospital, enter the address of the hospital.
- (C)** Enter your name in the first line and your relationship to the individual (or your interest) on the second line.
- (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)** Enter the city, village, or township and county and state the individual is a resident of and the full home address and telephone number of the individual.
- (F)** Check the boxes that apply and provide the name(s) and address(es).
- (G)** If the individual has a patient advocate and you believe there is a problem, check only the boxes that apply.
- (H)** Check the boxes that you believe apply to the individual.
- (I)** **Explain in as much detail as possible** specific examples of the individual's conduct that lead you to believe he or she needs a guardian. Give specific examples of his or her conduct that supports what you checked in **(H)** and that demonstrate the need for a guardian. **This information is extremely important for the court in making a decision about the need to appoint a guardian.** Use additional sheets of paper if needed.
- (J)** Enter the name, address, and telephone number of the person or agency who currently has care and custody of the individual. If there is no one, leave blank.
- (K)** Check whether the individual is or is not entitled to receive Veterans Administration benefits. If you checked that the individual is entitled to benefits, enter his or her VA claimant number.
- (L) - (M)** Check all the boxes that apply and enter the names, relationships, addresses and telephone numbers of each relative of the individual. Presumptive heirs includes minor children, if any. If any of the adults named in **(L)** are under legal incapacity, enter the names in **(M)**. If you check the last box in **(L)** (item 10), you must notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, Michigan 48909.
- (N)** Enter the name, address, and telephone number of the person you want to be appointed as guardian of the individual. Enter the relationship, if any, that this person has to the individual. Check the box for either a full guardian or a limited guardian.
- (O)** Check the box if there is an emergency requiring the appointment of a temporary guardian before the hearing on this petition is held.
- (P)** Enter today's date and sign your name.
- (Q)** If the individual wants to nominate someone to be his/her guardian, 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.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> MONROE <b>COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
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<b>Court address</b> 106 E. FIRST ST. MONROE, MI 48161	<b>Court telephone no.</b> 734-240-7346
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary
2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility  
not to exceed 91 days  
 the following real estate or ownership interest in a business entity: \_\_\_\_\_  
Describe real property or business interest

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</b>  MONROE	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
--	---	---------------------------

Court address Court telephone no.  
 106 E. FIRST ST. MONROE, MI 48161 734-240-7346

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: ACCEPTANCE OF APPOINTMENT

\_\_\_\_\_  
 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



## Options You Should Know Before Filing a Petition for a Full Adult Guardianship

Sometimes adults need help taking care of themselves and making decisions. Michigan law allows a judge to appoint a "guardian" of an adult in certain situations where help is needed.

A court-appointed guardian can make decisions for the person who needs help. The judge will determine what decisions the guardian can make.

A guardian might be able to decide:

- where the person lives
- what medical care the person should receive
- who will care for the person every day

There are many things you should think about before you file a petition. If at all possible, the adult who needs help should talk to a lawyer to help figure out what is best for him or her.

There are options other than a full guardianship. Not all the options will work for everyone. Some of them will only work if the person is still able to make decisions. Some depend on what help the person may need. A few of these options other than a full guardianship are briefly described here.

### Conservator

A conservator is appointed by a judge to take care of another adult's finances and assets. A conservator is not expected to use his or her own money to support the adult needing assistance. The court can also limit a conservator's authority to certain kinds of decisions for the adult. The conservator:

- manages assets
- pays the bills
- makes general financial decisions for the person

### Durable Power of Attorney

An adult can choose to appoint someone to take care of his or her finances through a financial "durable power of attorney." **The adult** must be of sound mind to sign this document. He or she can:

- limit when this document is effective
- limit what the appointed person can do

Because a durable power of attorney can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

### Health Care Power of Attorney

You will sometimes hear this called a "patient advocate designation" or a "durable power of attorney for health care." It is a document an adult can sign that gives someone else the authority to make care decisions when he or she is not capable. Those decisions could be about:

- health care
- mental health treatment
- living arrangements

The adult can give the "agent" or "patient advocate" as much or as little authority as the person wants. This can include authority to withhold or withdraw life support services. **The adult** must be of sound mind to sign this document and must decide he or she wants it.

Because this document can be complicated and can give away a great deal of power, it is best that the adult seek the help of a lawyer to prepare it.

(See Second Page)

### Do Not Resuscitate Order

If the adult is an inpatient at a hospital, his or her wishes regarding resuscitation should be discussed with his or her physician as soon as possible.

If the adult is not in a hospital, he or she can sign a document that will refuse CPR (cardiopulmonary resuscitation). This document is known as a "Do Not Resuscitate Order" or "DNR." The adult must be of sound mind to sign this document.

### Physician Orders for Scope of Treatment (POST) Form

An adult can work with his or her attending health professional to complete a document that will specify types of medical treatment that are permissible. This document is called a physician orders for scope of treatment (POST) form.

A POST form contains medical orders that are jointly agreed to by the adult and the attending health professional or a patient representative and the attending health professional. A POST form is not intended to be used as a stand-alone advance health care directive. The adult must be of sound mind to sign the form. A POST form may be obtained through the Michigan Department of Health and Human Services.

### Limited Guardian

A limited guardian is appointed by a judge to make limited decisions in certain instances. For example, the judge may say that the guardian can only make decisions about living arrangements. A limited guardianship can give a person some independence while providing the specific help needed.

### Filing a Petition for Full Adult Guardianship

To ask that a guardian be appointed for an adult, a *Petition for Appointment of Guardian of Incapacitated Individual* (PC 625) must be filed with the court. A judge will appoint a guardian only if the condition of the adult fits specific requirements. The specific conditions that must be met are found in form PC 625, which is available at your local probate court or at [www.courts.mi.gov/formssearch](http://www.courts.mi.gov/formssearch).

**BEFORE FILING A PETITION  
TO APPOINT A GUARDIAN  
FOR AN INCAPACITATED ADULT**

»» **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 because of 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. The duties of a guardian are listed in statute.

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 can the court appoint a guardian?**

The court can appoint a guardian when it finds the person is a legally incapacitated individual and determines that a guardian is necessary.

»» **What is a "legally incapacitated individual"?**

A legally incapacitated individual is an adult the court finds to be so impaired by mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, that the individual lacks the understanding or capacity to make or communicate informed decisions.

»» **Is a guardian needed for an individual who may be legally incapacitated?**

A guardian might not be necessary if someone already has legal authority to make decisions for the individual and there are no problems with the decisions being made.

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

Any person interested in the individual's welfare may complete a *Petition for Appointment of Guardian of Incapacitated Individual* (form PC 625) and file it, along with the filing fee, with the probate court where the individual resides or is presently located.

»» **Is a lawyer necessary?**

No, but a lawyer can be helpful, especially if someone objects to the appointment of a guardian, the authority being given, or the person you are asking to be appointed as the guardian.

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

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 a petition for filing?**

After the petition is accepted for filing, the court will appoint a person called a guardian ad litem to visit the individual to explain the guardianship proceedings and to make recommendations to the court as a result of the visit.

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.

»» **What will the guardian ad litem do?**

The guardian ad litem will personally visit the individual and explain to the individual the nature, purpose, and legal effects of the appointment of a guardian. The guardian ad litem will:

1) give the individual form PC 626, *Notice of Rights to Alleged Incapacitated Individual*, that explains the individual's rights as outlined in MCL 700.5306a(1);

2) explain the hearing procedure to the individual and explain the individual's rights during the hearing;

3) inform the individual of the name of anyone seeking appointment as guardian; and

4) inform the court of the guardian ad litem's determinations about the individual's wishes.

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

If an emergency exists, the judge may appoint a temporary guardian to serve until a hearing on the petition can be held.

**ALTERNATIVES TO A FULL GUARDIAN**

The following five alternatives must be planned by the individual before the individual becomes mentally incapable of making the decisions.

1. **Health Care Power of Attorney**

Also called a *patient advocate designation* or a *durable power of attorney for health care*. This document enables an individual to name an agent (called a *patient advocate*) to make health care decisions for the individual when he or she is not capable or not competent to do so. The document may cover any type of health care decision including guidance to the agent about the type and extent of health care desired. It can also include authority to withhold or to withdraw life support services.

2. **Do-Not-Resuscitate Order**

A do-not-resuscitate order is a document directing that if an individual's heart and breathing stop, the individual does not want to be revived. The do-not-resuscitate order informs health care professionals not to try to revive the individual. A do-not-resuscitate

order may be signed by a ward, guardian, or patient advocate in the manner required by law.

If the ward is an individual who opposes medical treatment on religious grounds, there are separate legal requirements for a do-not-resuscitate order. A do-not-resuscitate order of this type may be signed by a ward or patient advocate in the manner required by law.

### 3. Power of Attorney

A power of attorney is a document signed by a competent person giving another person the power to manage some or all of the individual's affairs.

A power of attorney is durable if it remains valid even if the maker of the power of attorney later becomes disabled or incapacitated. A durable power of attorney is the means for a mentally competent adult to grant a person (called an *agent*) authority to act for the individual if incapacity occurs. It usually affects property decision-making but may affect health care decisions. See the Health Care Power of Attorney (described in item 1).

### 4. Trust

A trust may be a substitute for a conservator and a will. The trust expresses the desires of the maker (called a *settlor*) about the management of the individual's assets during his or her lifetime and when physically or mentally unable to manage the assets.

Under a trust, assets are owned by the trust and managed by the trustee for the benefit of the person(s) to be protected. The trust also names the individuals to whom the assets will go upon the settlor's death. A trustee usually is the maker of the trust at first and frequently names a relative to be the successor. Professional trustees often serve in this highly responsible position.

### 5. Joint Ownership

Joint ownership provides that certain assets are held by two or more persons and may entitle any of the owners to have control and management of the assets.

Some of the assets that can be held in joint ownership are real estate, bank accounts, corporate stocks, and mutual funds. A joint owner can apply the funds of an account for the disabled co-owner without court action. This can involve the loss of sole control over the funds by the disabled person and can result in dishonest use of funds by the co-owner.

The following five alternatives do not need to be planned by the individual before the individual becomes mentally incapable of making the decisions.

#### 1. Limited Guardian

A guardian who makes only those decisions for the individual that the court allows.

#### 2. Conservator

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

If an individual has property such as real estate, large bank accounts, or stock that the individual can no longer manage, it may be appropriate to file a petition for a conservator. See separate instructions on *Conservatorship Proceedings*.

#### 3. Protective Order

When only a single transaction affecting the property of a disabled person is required, the probate court may enter a protective order for this one-time matter.

At a hearing, the court may authorize, direct, or ratify any contract, trust, or other transaction relating to that person's financial affairs or estate

without appointing a conservator or a guardian.

#### 4. Representative Payee

A representative payee is appointed by a government agency to receive, manage, and spend government benefits for a beneficiary. This is most often done for Social Security benefits. The beneficiary may request a representative payee, but usually the agency requires one when the beneficiary is no longer able to manage benefits.

A payee is approved by the agency and there is no court involvement. The representative payee's authority is limited to the government funds for which he or she is the payee.

#### 5. Special Services for the Aging

Many communities provide voluntary services available upon request to help the aging with their financial affairs. Services may include depositing and writing checks, balancing checkbooks, paying bills, preparing insurance claims, preparing tax information and counseling, and applying for public benefits and counseling.

The Office of Services to the Aging and the Department of Human Services, as well as church organizations, provide these services in many communities. A person capable of asking for or accepting the services must request the services be provided in order to receive them.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE</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

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>  MONROE	<b>PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address Court telephone no.  
 106 E. FIRST ST. MONROE, MI 48161 734-240-7346

Plaintiff's/Petitioner's name	<b>v</b>	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.