

FILING A PETITION TO TERMINATE/MODIFY GUARDIANSHIP FOR DEVELOPMENTALLY DISABLED INDIVIDUAL

- Complete the Petition (**PC 677** on bottom left corner of form), don't forget to sign and date the form.
- Keep enough copies of the Petition (**PC677**) to serve on all interested parties as well as keep one for your own records
- Send in the original Petition (**PC677**) *with the filing fee (\$20 per petition *ONLY if guardian of ESTATE) to **Ottawa County Probate Court at 12120 Fillmore Street, West Olive, MI 49460**
- You will also receive a Notice of Hearing form (**PC 562**) and a Proof of Service form (**PC 564**), you will need to keep these forms with you until you receive a hearing date and time from the Probate Court
- After you have mailed in the original Petition (**PC677**) with filing fee wait 2-3 business days for delivery and then call 616-786-4110 for a hearing date and time (NOTE: we must have already received your Petition and filing fee before we will give you a hearing date and time)
- Once you are given a hearing date and time from the Court, you will fill out the Notice of Hearing form with the information given to you
- You will then fill out the proof of service **PC564** with file number, name, and title of papers served (which will be a copy of the Petition as well as the completed Notice of Hearing. You will then have to fill in who, when and how you served the interested parties in the case either by mail (must be sent 14 days prior to the date of the hearing) or personal service (must be served 7 days prior to the date of the hearing), sign and date this form and send in the original Notice of Hearing and Proof of Service to the Probate Court (address above) keeping any copies you may need for your own records. (NOTE: **the Court must receive all original paperwork**)

****PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY TROUBLE FILLING OUT THESE FORMS OR DETERMINING INTERESTED PARTIES, AS COURT STAFF CANNOT GIVE LEGAL ADVICE, THANK YOU****

Ottawa County Probate Court
12120 Fillmore Street
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM
Phone: 616-786-4110
Website: www.miottawa.org

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

PETITION TO
 TERMINATE MODIFY
GUARDIAN FOR DEVELOPMENTALLY
DISABLED INDIVIDUAL

FILE NO.

In the matter of _____, an individual with a developmental disability

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

State interest/relationship

2. The developmentally disabled individual's address and telephone number are _____
Address

City State Zip Telephone no.

3. The guardian's address is _____

City State Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE/DOB (if minor)

5. The reasons why the court should take action are _____

I REQUEST that the court:

- 6. Terminate
 - a. all part of the plenary guardian of the individual. estate.
 - b. all part of the partial guardian of the individual. estate.
- 7. Accept the resignation of the
 - a. plenary guardian of the individual. estate.
 - b. partial guardian of the individual. estate.
 - c. standby guardian.

(SEE SECOND PAGE)

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

8. Remove the
 a. plenary guardian of the individual estate,
 b. partial guardian of the individual estate,
 c. standby guardian,
who has has not been suspended.

9. Appoint _____
Name Address

City State Zip Telephone no.
as temporary guardian successor partial guardian successor plenary guardian
of the individual. estate.

10. Appoint _____
Name Address

City State Zip Telephone no.
as standby guardian of the individual. estate.

11. Modify the powers of the plenary guardian partial guardian of the individual estate as follows:

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.

_____	_____
Attorney signature	Date
_____	_____
Petitioner signature	_____
_____	_____
Name (type or print) Bar no.	Name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip Telephone no.	City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING	FILE NO.
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In the matter of _____

TAKE NOTICE: A hearing will be held on _____ at _____ ,
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____		_____	
Attorney name	Bar no.	Petitioner name	
_____		_____	
Address		Address	
_____		_____	
City, state, zip	Telephone no.	City, state, zip	Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(5), you must comply with MCR 5.109(2).

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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