

LEGALLY INCAPACITATED INDIVIDUAL **GUARDIANSHIPS**

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 GUARDIANSHIP 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 Guardian for an Incapacitate Adult PC 666
- Petition for Appointment of Guardian of Incapacitated Individual and Instruction PC 625
- Protected Personal Identifying Information MC 97
- Report of Physician PC 630
- Central Registry Clearance Request DHS 1929
 - PLEASE NOTE: Photo ID is required to be filed with this form.
- 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 LEGALLY INCAPACITATED INDIVIDUAL:

A person, other than a minor, who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, to the extent that the person lacks sufficient understanding or capacity to make or communicate informed decisions.

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.

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. Enter the last four digits of that individual's social security number on Ref. No. row 2 on form MC 97.
- (B)** Enter the date of birth of the individual named in **(A)** in Ref. No. row 1 and the individual's driver's license number in Ref. No. row 3 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.

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address 301 W. Upton Ave. Reed City, MI 49677	Court telephone no. 231-832-6124
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A In the matter of _____ Put last 4 digits of SSN in
XXX-XX- Ref. No. row 2 on MC 97.
 First, middle, and last name Last four digits of SSN

Petitioner's name, address and telephone no.

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

B Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license number Put DLN on Ref. No. row 3 on MC 97	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.

Form Instructions

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

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

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

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:

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.

Date

Petitioner signature

Date

Attorney signature

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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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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.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF OSCEOLA

REPORT OF PHYSICIAN
OR MENTAL HEALTH PROFESSIONAL

FILE NO.

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 determining where to live. handling personal financial affairs.
 consenting to supportive services. 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

I would like to pick up my records in _____ County (For Mailing Purposes Only)

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

MDHHS-OutofStateAgencyCPSRecordsRequest@michigan.gov.

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

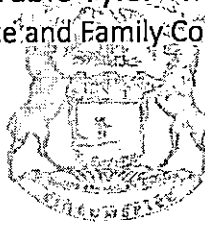
If your agency is not listed within the instructions, visit the Michigan Central Registry website for instructions to obtain the information needed by your agency to request or obtain a central registry clearance. www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect

*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.

The 18th PROBATE COURT & 49th CIRCUIT COURT - FAMILY DIVISION

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

Honorable Tyler Thompson
Probate and Family Court Judge



OSCEOLA COUNTY
Osceola County Courthouse
301 West Upton Ave.
Reed City, MI 49677
Phone: (231) 832-6124

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

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave. Reed City, MI 49677		Court telephone no. 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 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

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE OSCEOLA Court address 301 W. Upton Ave. Reed City, MI 49677	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870 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 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: _____

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