

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">ORDER REGARDING APPOINTMENT OF TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL</p>	<p>FILE NO.</p>
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In the matter of _____, an alleged incapacitated individual

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

- 2. Notice of hearing was given to the incapacitated individual.
- 3. The individual is not in need of a guardian.
- 4. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. The individual, by reason of
 - mental illness,
 - mental deficiency,
 - physical illness or disability,
 - chronic use of drugs,
 - chronic intoxication,
 - other: _____

_____ is impaired to the extent that he/she lacks sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.

- 5. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.
- 6. There is no qualified, suitable individual willing to act as temporary guardian, and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.
- 7. Other: _____

IT IS ORDERED:

8. The petition for appointment of temporary guardian is granted. denied on the merits. dismissed/withdrawn.

9. _____, whose address and telephone number are
Name (type or print)

_____, _____, _____, _____, _____
Address City State Zip Telephone no.

is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

Personal bond at \$_____ must be filed.

10. The temporary guardian shall have the following powers and responsibilities only:

11. This temporary guardianship shall terminate on _____.
Date (Not later than 28 days after date of order.)

12. **IT IS FURTHER ORDERED:**

Date Judge

Attorney name (type or print) Bar no.

_____, _____, _____, _____, _____
Address City State Zip Telephone no.

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