

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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 1. I, _____, am interested in this matter
Name
 and make this petition as _____.

C 2. The individual was born _____, resides in _____ County
State interest/relationship Put DOB in Ref. No. row 1 on MC 97.
Date
 at _____
Address

_____ and has property in _____ County.
City, state, zip

D 3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the above individual has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

E 4. The individual has a power of attorney. (Specify name and address below.)
 a guardian. (Specify name and address below.)
 a representative payee for social security. (Specify name and address below.)

Name and address

F 5. a. The individual is an adult unable to manage his/her property and business affairs effectively because of
 mental illness chronic use of drugs confinement
 mental deficiency chronic intoxication disappearance
 physical illness or disability detention by a foreign power _____
 and either
 the adult has property that will be wasted or dissipated unless proper management is provided, or
 the adult or his/her dependents are in need of money for support, care, and welfare, and protection is necessary to obtain or provide money.
 b. The adult petitioner is mentally competent but because of age or physical infirmity is unable to manage his/her property and affairs effectively, and recognizing the disability, requests appointment of a conservator.

5. (continued)

- c. The individual is a minor who
 - owns money or property that requires management or protection that cannot otherwise be provided.
 - has or may have business affairs that may be jeopardized or prevented by minority.
 - needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- d. I am the guardian of the ward and it is in the ward's best interests to sell or otherwise dispose of the ward's real property or interest in real property.

G 6. The statements in item 5 are supported by the following facts: _____
 (Attach a separate sheet if necessary.)

H 7. The individual to be protected has an estate approximately valued at:

\$ _____ \$ _____ \$ _____ \$ _____
 Real property Personal property Insurance Monthly income

I 8. The individual to be protected is receiving the following benefits from governmental agencies:

- Social Security \$ _____ SSI \$ _____ MDHHS \$ _____
- Veterans Administration \$ _____, claimant number _____
- Other: _____ \$ _____

J 9. The individual to be protected has

- a spouse whose name and address are listed below.
- child(ren) whose name(s) and address(es) are listed below.
- descendants of deceased child(ren) whose name(s) and address(es) are listed below.
- if no child(ren) or descendants of deceased child(ren), parents whose name(s) and address(es) are listed below.
- if none of the above, presumptive heirs whose name(s) and address(es) are listed below.
- none of the above (must notify the Attorney General - see instructions for the address of the Attorney General).

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE (if minor)*
	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.		

*If person is a minor, provide the date of birth on form MC 97a and put the Ref. No. from that form in the box above with the age.

K 10. None of the persons named above are under any legal incapacity except

Name, incapacity, and representative of the person, if any

L 11. The individual is currently found at _____
Address or location Telephone no.

M 12. It is necessary that a preliminary protective order be entered pending the regular hearing because

I REQUEST that the court:

N 13. Appoint _____,
Name, address, and telephone no.

who has priority as _____, as conservator of the estate to be protected.
Priority relationship

O 14. Preserve and apply the individual's property pending the appointment of a conservator as follows:

P 15. Enter a protective order that provides _____.

Q 16. Appoint the guardian as special conservator with authority to sell or otherwise dispose of the ward's real property or interest in real property.

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.

R _____
Date

Petitioner signature

Date

Attorney signature

S 17. **NOMINATION BY PERSON TO BE PROTECTED:** I am 14 years of age or older. I nominate as my conservator

Name, address, and telephone no.

Date

Signature of person to be protected

Exhibit B

1. Jane J. Doe (Jane) is an 81-year-old woman with advanced dementia. She is currently living at Sunnyside Care Center and is expected to remain institutionalized for the rest of her life.
2. In May 2015, Jane became eligible for Medicaid assistance.
3. Jane has been married to Petitioner, John T. Doe (John), for more than 62 years.
4. During their life together, both John and Jane worked, and their retirement incomes reflect this in that Jane receives \$1,230.19, which is a combination of Social Security and pension benefits, while John receives \$1,100.26 per month.
5. John is currently residing in assisted living at Sunnyside, which costs approximately \$2,880.00 per month. The costs for Jane's care combined with John's own costs of living exceed the combined incomes of Jane and John, resulting in a steady reduction in the savings accumulated by Jane and John during their 62 years together.
6. Currently Jane is required to pay the nursing home \$551.00 per month as her so-called patient pay amount for Medicaid benefits.
7. The loss of this portion of marital income severely impacts John's quality of life and his ability to continue his standard of living.
8. Michigan's Medicaid policy provides that this court has authority to order that Jane's income be paid to John so that he will have additional funds to live on. Department of Health and Human Services Bridges Eligibility Manual Item 546 (under Community Spouse Income Allowance) (exhibit C).
9. Pursuant to MCL 700.5407(2), after notice and hearing, this court may authorize assets belonging to a legally incapacitated individual to be transferred, with or without consideration.

10. The authority granted to this court by MCL 700.5407(2)(c) may be exercised for the benefit of the immediate family of the protected individual as well as for the protected individual himself or herself.
11. Petitioner is confident that, were Jane competent, she would want her spouse to take any and all steps available to preserve and redirect income she worked to acquire during their lives together so that John could maintain himself now and in the future without becoming impoverished.
12. In light of Jane's long-term care needs, it is also prudent for Jane's rights in the estate of John to be terminated, so that should John predecease Jane, his death will not cause Jane to lose continued eligibility for Medicaid assistance.

Petitioner requests this court to

- A. order Jane J. Doe to pay \$1,230.00 per month in support to John T. Doe and
- B. terminate Jane J. Doe's right to an elective share in the estate of John T. Doe and irrevocably release Jane J. Doe's rights and any allowances she would have in the estate of John T. Doe should he predecease her.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER	FILE NO.
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In the matter of Jane Doe

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

On petition filed, **THE COURT FINDS** that:

2. Notice of hearing was given to or waived by all interested persons.

IT IS ORDERED that:

A. Jane J. Doe shall pay support to John T. Doe an amount of \$1,230.00 per month.

B. By order of this court, all rights Jane J. Doe would otherwise have in the estate of John T. Doe, if he were to predecease her, including the right to the share of an elective share of a surviving spouse, homestead allowance, exempt property, or family allowance, are irrevocably waived and shall not be asserted.

Date

Judge

Attorney name Bar no.

Address

City, state, zip Telephone no.

Do not write below this line - For court use only