

SAGINAW CHIPPEWA TRIBAL COURT 6954 E. BROADWAY MT. PLEASANT, MI 48858 (989)775-4800	PETITION FOR APPOINTMENT OF GUARDIAN OF AN INCAPACITATED INDIVIDUAL	CASE NO.
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HONORABLE BRUCE E. PLACKOWSKI

IN THE MATTER OF _____
Alleged Legally Incapacitated Person Social Security Number

Court ORI	Date of Birth	Race	Sex
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Tribal Name and person's membership number: _____

I, _____, am interested in this matter and make this petition as
Name (Type or Print)

(State interest/relationship)

An action within this jurisdiction of a division of the tribal court involving their family or family members of the above named person has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and _____ remains _____ is no longer pending.

The above named adult, born _____ is a resident of _____,
City, village, or township
 this reservation and is [] Indian [] a member of the Saginaw Chippewa Tribe and lives at

Address City State Zip Telephone Number

The adult has _____ a general durable power of attorney: _____

Name and Address
 _____ a durable power of attorney for health care: _____

Name and Address
 _____ a conservator: _____
Conservator's Name and Address

The adult is in need of a guardian because he/she lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person due to:
 ___ mental illness ___ physical illness or disability
 ___ mental deficiency ___ chronic intoxication
 ___ chronic drug use _____

Following are specific facts about the adult's condition and specific examples of the adult's recent conduct that demonstrate the need for the appointment of a guardian: (Attach a separate sheet if more space is needed. Please attach a letter from the person's physician/medical provider)

The name and address of the person (if any) who has the care and custody of the adult are:

The adult ___ is ___ is not entitled to receive Veterans Administration benefits.

The Veterans Administration claimant number is _____.

The adult to be protected has:

- ___ a spouse whose name and address is listed below.
- ___ child(ren) whose name(s) and address(es) are listed below.
- ___ no living child, but has living parent(s) whose name(s) and address(es) are listed below.
- ___ no spouse, children, or parents. The name(s) and address(es) of presumptive heirs are listed below.
- ___ no presumptive heirs

NAME	RELATIONSHIP	ADDRESS

None of the above named spouse, children, parents, or presumptive heirs are under any legal incapacity except:

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

I REQUEST that the adult be determined to be a legally incapacitated person and _____
Name

of _____,
Address City State Zip Telephone Number

who has priority as _____,
Priority Relationship

be appointed ___ full guardian with all powers provided by statute.
___ limited guardian with the following powers:

____ 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 which presents a danger to this person:

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

Date Address
Petitioners Signature City State Zip Telephone Number

NOMINATION BY THE ALLEGED LEGALLY INCAPACITATED PERSON in the event the court finds that I require a guardian, I nominate: _____
Name

Address City State Zip Telephone Number

Attorney Signature Date

Name (Type or Print) Signature of alleged legally incapacitated person

Address
City State Zip Telephone Number