

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT	PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED ADULT	FILE NO.
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In the matter of _____ XXX-XX-
Alleged incapacitated individual Last four digits of SSN

Date of birth	Tribal affiliation and no.	Sex	Address of alleged incapacitated individual where now found
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1. I, _____, am interested in this matter and make
Name (print)
 this petition as _____.
State interest/relationship

2. An action within the jurisdiction of the family or other division of _____ County /Tribal Court involving the family or family members of the person named above has been previously filed, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

3. The adult is a resident of _____,
City, village, or township County State
 and has a home address and telephone number of _____
Address

City State Zip Telephone no.

The individual is a citizen of the following country: _____

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

5. The patient advocate is not complying with the terms of the designation by a court of competent jurisdiction.
 The patient advocate is not acting consistent with the ward's best interests.

6. The adult lacks sufficient understanding or capacity to make or communicate informed decisions because of:
 mental illness mental deficiency physical illness or disability

Do not write below this line – For court use only

chronic intoxication chronic drug use _____

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):

8. The name, address, and telephone number of the person/agency (if any) who currently has care and custody of the adult are

9. The adult is is not entitled to receive Veterans Administration benefits. The Veteran Administration claimant number is _____

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, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
 - none of the above.

Name	Address And Telephone Number				Relationship	Age/DOB (if minor)
	Street Address					
	City	State	Zip	Telephone no.		
	Street Address					
	City	State	Zip	Telephone no.		
	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

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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 _____

Priority relationship

- full guardian with all powers provided by statute.
 limited guardian with the following powers:

13. No other person appears to have the 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.

Attorney signature Date

Attorney name (print) Bar no. Petitioner signature

Attorney address Petitioner address

City, state, zip Telephone no. City, state, zip Telephone no.

14. **Nomination By The Alleged Incapacitated Individual** In the event the Court finds that I require a guardian, I nominate: _____
Name, address, and telephone no.

Date Signature of alleged incapacitated individual

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