

PCS Code: CSR
TCS Code: CSV

STATE OF MICHIGAN PROBATE COURT GENESEE COUNTY	PETITION FOR <input type="checkbox"/> APPOINTMENT OF CONSERVATOR <input checked="" type="checkbox"/> PROTECTIVE ORDER	CASE NO. and JUDGE
Court address 900 S. Saginaw St., Rm. 502, Flint, MI 48502		Court telephone no. 810-257-3528

A In the matter of _____
First, middle, and last name

Put last 4 digits of SSN in
 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 _____
State interest/relationship

C 2. The individual was born _____, resides in _____ County
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

<input type="checkbox"/> mental illness	<input type="checkbox"/> chronic use of drugs	<input type="checkbox"/> confinement
<input type="checkbox"/> mental deficiency	<input type="checkbox"/> chronic intoxication	<input type="checkbox"/> disappearance
<input type="checkbox"/> physical illness or disability	<input type="checkbox"/> 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.

Form Instructions

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: The minor is an individual who is registered to participate
(Attach a separate sheet if necessary.)
in the Flint Water Settlement, as set forth in the Amended Settlement Agreement ("ASA"). The Honorable Judith E. Levy
granted final approval to the ASA in In Re Flint Water Cases, No. 5:16-cv-10444 (U.S. District Court, Eastern District of
Michigan). All capitalized terms in this Petition have the same means as the ASA, attached hereto. A Next Friend (ASA §1.50) must be appointed

H 7. The individual to be protected has an estate approximately valued at: to carry out the duties in ASA Article XXI on
behalf of the Minor.

\$ _____ \$ _____ \$ _____ \$ _____
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

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

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

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

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

I REQUEST that the court:

13. Appoint _____
Name, address, and telephone no.
who has priority as _____, as conservator of the estate to be protected.
Priority relationship

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

15. Enter a protective order that provides _____ shall be appointed as Next Friend for the Minor for all
purposes of ASA Article XXI until further order of the Court.

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.

Date

Petitioner signature

Date

Attorney signature

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

JIS Code: PPI

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE 810-257-3528	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
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In the matter of _____

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. 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:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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: Petition for Protective Order

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 document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the 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 documents being filed.		
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.

Approved, SCAO

JIS CODE: NOH

STATE OF MICHIGAN PROBATE COURT COUNTY OF GENESEE	NOTICE OF HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____
Date Time

at 900 S Saginaw St, Rm 305, Flint, MI 48502 before Judge Joseph J Farah P-30439
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

Petition for entry of Protective Order (RE: Appointment of Next Friend for Minor to Pursue Flint Water Settlement)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Attorney name _____		Date _____
Bar no. _____	Petitioner name _____	
Address _____		Address _____
City, state, zip _____	Telephone no. _____	City, state, zip _____ Telephone no. _____

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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

Approved, SCAO

JIS CODE: OPP

STATE OF MICHIGAN PROBATE COURT GENESEE COUNTY CIRCUIT COURT - FAMILY DIVISION	ORDER REGARDING PETITION FOR PROTECTIVE ORDER	FILE NO.
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In the matter of _____

1. Date of hearing: _____ Judge: Joseph J. Farah P-30439
Bar no _____

THE COURT FINDS:

2. Notice of hearing was given to or waived by all interested persons.
3. The individual is not in need of a protective order.
4. Upon presentation of clear and convincing evidence, the individual is in need of a protective order because s/he is unable to manage his/her property and business affairs effectively due to
- | | | |
|--|--|---|
| <input type="checkbox"/> mental illness. | <input type="checkbox"/> mental deficiency | <input type="checkbox"/> physical illness or disability |
| <input type="checkbox"/> chronic use of drugs. | <input type="checkbox"/> chronic intoxication. | <input type="checkbox"/> confinement. |
| <input type="checkbox"/> detention by a foreign power. | <input type="checkbox"/> disappearance | <input type="checkbox"/> other: _____ |
- and
- a. the individual has property that will be wasted or dissipated unless proper management is provided
- or b. money is needed for the support, care, and welfare of the individual or those entitled to be supported by the individual and that protection is necessary or desirable to obtain or provide the money
5. Upon presentation of clear and convincing evidence, the minor individual is in need of a protective order because the minor:
- a. owns money or property that requires management or protection that cannot otherwise be provided
- b. has or may have business affairs that may be jeopardized or prevented by the person's minority.
- c. needs money for support and education, and protection is necessary or desirable to obtain or provide money.
- 6 A protective order is necessary to authorize, direct, or ratify the following transaction that is necessary or desirable to achieve a security, service, or care arrangement meeting the individual's foreseeable need:

7. It is in the best interests of the individual that a protective order be issued to authorize, direct, or ratify the following contract, trust, or other transaction relating to the individual's property and business affairs:

8. It is in the ward's best interests for the guardian to sell or otherwise dispose of the ward's real property or interest in real property. The guardian should be appointed as special conservator to petition for sale of the real estate.

IT IS ORDERED:

9. The petition for protective order is granted. denied on the merits. dismissed/withdrawn.

10. Other: _____ is appointed as Next Friend to carry out the duties for the Minor, _____, under ASA Article XXI.

Date Judge

Attorney name (type or print) Bar no.

Address City State Zip Telephone no

Do not write below this line - For court use only

JISCODE PSV

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1 Titles of the papers served or mailed: Petition for Protective Order, Notice of Hearing

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) e-mail the papers described above on:

Name	Complete address of service	Date

14 days

3 According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

7 days

4 After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

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

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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

JIS Code: OAN

STATE OF MICHIGAN JUDICIAL DISTRICT 810-257-3528 JUDICIAL CIRCUIT COUNTY	MOTION/REQUEST FOR NEXT FRIEND AND ORDER	CASE NO. PETITION NO. JUDGE
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no.	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

Use note: No request is necessary in personal protection order cases when the minor is 14 years of age or older.

REQUEST FOR NEXT FRIEND

1. A next friend is necessary for _____ because he/she is a
Name
 minor incompetent/legally incapacitated individual.
2. The proposed next friend is _____, who is an adult and not disqualified by statute.
Name

Date

Signature

3. I consent to being next friend for the person listed above.

Date

Signature of proposed next friend

Note: If the person who needs a next friend is a minor under 14 years of age or incompetent/legally incapacitated, the person's next of kin, other relative, or friend must sign this request. If the person who needs a next friend is a minor 14 years of age or older, the minor must sign this request.

ORDER

4. _____ is appointed next friend for the person listed in item 1.
Name
5. The request is denied because the proposed next friend is unsuitable.

Judge signature and date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	MOTION FOR INSTRUCTION REGARDING SERVICE	CASE NO.
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Court address

Court telephone no.

Plaintiff name(s), address(es), and telephone no(s).

v

Defendant name(s), address(es), and telephone no(s)

In the matter of _____

1. Service of process of the MC 319 Motion/Request for Next Friend cannot reasonably be made because the general service requirements prescribed by MCR 2.105 & MCR 2.107 as applied to the present civil matter are impracticable.
2. I believe good cause exists for the court to direct in what manner and on whom service may be made.
3. I request the court issue an order regarding service of the present motion.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Plaintiff/Plaintiff's attorney signature

Address

Name (type or print)

Bar no

City, state, zip

STATE OF MICHIGAN JUDICIAL CIRCUIT 810-257-3528 JUDICIAL DISTRICT COUNTY	ORDER RE: SERVICE	CASE NO.
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Court address _____ **Court telephone no.** _____

Plaintiff name(s), address(es), and telephone no(s).
Plaintiff's attorney, bar no., address, and telephone no.

v

Defendant name(s), address(es), and telephone no(s).
Defendant's attorney, bar no., address, and telephone no.

1. Motion title: _____
2. Moving party: _____
3. This motion was reviewed by the Judge _____ on _____
Date

THE COURT ORDERS that the above-named motion is

- granted.
- granted in part, denied in part.
- denied.

The court further orders

_____ Date

_____ Judge _____ Bar no.

JIS CODE: OSF

STATE OF MICHIGAN JUDICIAL DISTRICT 810-257-3528 JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no. <hr/> Plaintiff/Petitioner's attorney, bar no., address, and telephone no.	v	Defendant/Respondent's name, address, and telephone no. <hr/> Defendant/Respondent's attorney, bar no., address, and telephone no.
In the matter of _____		

Instructions: Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - Medicaid (including Healthy Michigan, CHIP, and ESO)
 - Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other means-tested public assistance: _____
- My public assistance case number(s) (if any) is _____
Write "none" if no case number Do not write your SSN

2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____

3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____
- My source of income is _____
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet

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

Date	Signature
Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)

Fee Waiver Request (10/19)
Page 2 of 2

Case No. _____

CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

- 1. Payment of filing fees is waived because:
 - a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- 2. The fee waiver request is denied because:
 - a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)