

**STATE OF MICHIGAN
PROBATE COURT
OAKLAND COUNTY**

**PETITION TO CHANGE
PERMANENT RESIDENCE OF
LEGALLY INCAPACITATED INDIVIDUAL**

CASE NO. and JUDGE

Court address

1200 N. Telegraph Rd., Pontiac MI 48341

Court telephone no.

In the matter of _____

First, middle, and last name

1. I make this petition as the: ☐ guardian ☐ other: _____

2. **Interested persons.** The interested persons, addresses, and their representatives are identical to those appearing on the initial petition or most recent filing, except as follows: (list each change; attach a separate sheet if necessary)

3. **Reason this petition is being filed.**

☐ Before a proposed move in the ward's permanent residence under MCL 700.5306b(2).

☐ Following a temporary absence, the guardian has determined that the individual will not return to the permanent residence. *MCL 700.5306b(10)*.

☐ The individual's circumstances and resources have changed and support a new permanent residence. *MCL 700.5306b(12)*.

☐ Other: _____

☐ Moved on: _____ ☐ Temporary residence: _____ ☐ Court notified on: _____

Reasonable steps taken to preserve the individual's permanent residence after the temporary move: _____

4. **Individual's permanent residence.** "Permanent residence" means the individual's true, fixed, and permanent home to which, whenever absent, the individual intends to return. *MCL 700.5306b(13)*.

Residence/facility name (if any): _____ Type of setting: _____

Street address: _____ City, state, zip: _____

5. **Proposed new residence.**

Residence/facility name (if any): _____ Type of setting: _____

Street address: _____ City, state, zip: _____

Anticipated move date: _____ Distance from current residence: _____ County/state change: _____

6. **Reason for the proposed move.** State the facts supporting the proposed move, including the individual's needs, abilities, resources, risks, and available supports.

7. **Least restrictive environment, potential harm, and individual rights.** The individual has the right, if possible, to remain in the individual's own surroundings or, if not possible, in the least restrictive environment suitable to the individual's unique needs, abilities, and resources. Explain why the proposed residence satisfies this standard, including potential harm and the individual's rights under MCL 700.5306a.

☐ The proposed residence is the least restrictive suitable environment.

☐ The proposed residence is not the least restrictive suitable environment.

8. **Community activities and personal relationships.** Describe how the move will affect the individual's ability to continue participating in community activities and personal relationships, including transportation, visitation, religious activities, employment/day programming, medical care, and other established routines.

9. **Efforts and resources explored to enable the individual to remain in the current residence.**

- | | | |
|--|--|---|
| ☐ home and community based services | ☐ physical therapy | ☐ occupational therapy |
| ☐ available home modifications | ☐ increased in-home staffing or supervision | ☐ assistive technology |
| ☐ financial/public benefits | ☐ other resources | |

Identify providers contacted, services considered, availability, cost or funding, and why the measures are not reasonable or appropriate. If the individual does not consent, explain why similar benefits cannot reasonably and appropriately be provided in the permanent residence.

10. **Communication with the individual and the individual's wishes.** Describe how and when the guardian communicated with the individual about the proposed move.

Regarding the proposed move, the individual (choose one):

- ☐ consents ☐ objects ☐ has no position ☐ cannot communicate wishes

11. **Guardian convenience.** The move may not be arranged solely or primarily for the guardian's convenience. Explain the considerations showing that the proposed move is based on the individual's needs, abilities, resources, safety, welfare, and preferences.

12. **Property and sentimental personal property.** Will removal from the permanent residence require the sale, transfer, or disposal of real property or personal property? ☐ Yes ☐ No
If yes, describe reasonable efforts to communicate with the individual and the individual's loved ones to identify and honor wishes concerning sentimental personal property in the context of the individual's values, wishes, and resources.

13. **Additional facts and attachments.** Identify any evaluations, care plans, facility assessments, service denials, cost information, or other documents attached in support of the petition.

14. **Request for relief.** I REQUEST that the court authorize the guardian to change the individual's permanent residence to the proposed new residence identified in item 5.

☐ grant other appropriate relief: _____

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

Signature of attorney

Signature of petitioner

Attorney name (type or print) Bar no.

Petitioner name (type or print)

Address

Address.

City, state, zip Telephone no

City, state, zip Telephone no.

USE NOTE: Upon filing, the court must appoint a guardian ad litem and hold a hearing not later than 28 days after the petition is filed. Counsel must be appointed when required by MCL 700.5306b(4). Use separate notice, proof of service, and appointment forms as required.