

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

ORDER APPOINTING EMERGENCY  
TEMPORARY GUARDIAN FOR INDIVIDUAL  
WITH ALLEGED DEVELOPMENTAL DISABILITY

FILE NO.

In the matter of \_\_\_\_\_, an individual with an alleged developmental disability

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

2. A petition was filed requesting the appointment of an emergency temporary guardian for \_\_\_\_\_  
Name

3. Notice of hearing was  provided to all interested persons.  waived by all interested persons.  waived by the court.

4. \_\_\_\_\_ is an individual with an alleged developmental disability.  
Name

5. Based on clear and convincing evidence, an emergency exists and \_\_\_\_\_ needs the immediate  
Name  
protection of a temporary guardian of the  person,  estate, pending a full hearing in this matter.

**IT IS ORDERED:**

6. \_\_\_\_\_, whose address and telephone number are \_\_\_\_\_  
Name (type or print) Address  
City State Zip Telephone no.

is appointed temporary guardian of the  person  estate for \_\_\_\_\_.

7. The temporary guardian shall have the authority to do the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The temporary guardian shall qualify by filing an acceptance of appointment.

9. The temporary guardianship shall expire on \_\_\_\_\_ or, if a hearing pursuant to statute is held earlier,  
then on the date of the hearing.

10. \_\_\_\_\_ shall perform the necessary tests and report to accompany this  
Name of agency (e.g., community mental health)  
petition at least one day before the scheduled hearing in this matter.

\_\_\_\_\_  
Date Judge Bar no.

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Address City State Zip Telephone no.

Do not write below this line - For court use only