

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND</b>	<b>NOTICE OF HEARING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
 Alleged Legally Incapacitated Individual

**TAKE NOTICE:** A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ A.M.,  
Date Time  
 at 1200 N. Telegraph Road, Pontiac, Michigan 48341 before Judge \_\_\_\_\_  
Location Bar no.

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

To determine whether \_\_\_\_\_  
Name of ward  
 Is a Legally Incapacitated Individual and whether to appoint \_\_\_\_\_  
 \_\_\_\_\_ as Guardian(s).

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

_____	_____	_____	_____
Attorney name (type or print)	Bar no.	Petitioner name	Date
_____	_____	_____	_____
Address	Telephone no.	Address	Telephone no.
_____	_____	_____	_____
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(5), you must comply with MCR 5.109(2). **THE PETITIONER IS REQUIRED TO ATTEND THE HEARING.**

**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

**FILED** \_\_\_\_\_ **20** \_\_\_\_\_

**Deputy Register of Probate**