

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND</b>	<b>FILE INFORMATION FORM</b>	<b>FILE NO.</b>
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**IN THE MATTER OF** \_\_\_\_\_  
First, middle, and last name

**PETITIONER INFORMATION**

**PETITIONER'S NAME:** \_\_\_\_\_  
First, middle, and last name

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
Home Phone Cell *Note: e-mail is mandatory*

**INTERESTED PARTY INFORMATION (USE ADDITIONAL SHEETS AS NEEDED)**

**1. NAME:** \_\_\_\_\_  
First, middle, and last name

**RELATIONSHIP TO FILE:** \_\_\_\_\_  
Father, Mother, Trustee, Guardian, etc.

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
Home Phone Cell *Note: e-mail is mandatory*

**2. NAME:** \_\_\_\_\_  
First, middle, and last name

**RELATIONSHIP TO FILE:** \_\_\_\_\_  
Father, Mother, Trustee, Guardian, etc.

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
Home Phone Cell *Note: e-mail is mandatory*

**3. NAME:** \_\_\_\_\_  
First, middle, and last name

**RELATIONSHIP TO FILE:** \_\_\_\_\_  
Father, Mother, Trustee, Guardian, etc.

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
Home Phone Cell *Note: e-mail is mandatory*

**HOW WAS/WILL PAYMENT BE MADE?**

Not required

Mail \_\_\_\_\_  
Date mailed

To be paid **Prior** to Hearing

Do not write below this line – For court use only

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

\_\_\_\_\_  
**Deputy Register of Probate**