

**MACOMB COUNTY PROBATE COURT
INSTRUCTIONS FOR GUARDIAN AD LITEM REPORTS**

1. Review the applicable statutes and court rules.

WARD

2. Establish the whereabouts of the ward. If it is determined that the ward is residing outside of Macomb County, please contact the court prior to taking any action. If you will not be able to timely complete the visit and report (submitted 7 days prior to the hearing date), please notify the court immediately.
3. If the ward is deceased or the petitioner indicates the petition is dismissed, note this on your order for appointment and return the order to the Court. No billing is permitted in these situations.
4. You are expected to visit the ward, and interview all interested persons and family members.
5. When the GAL visits the ward they must: (a) explain the nature purpose and legal effects of the appointment of a guardian/conservator as well as is/her rights at the hearing, and (b) inform the proposed ward the name of the person(s) seeking the appointment as guardian/conservator.

REPORT

6. Your complete report must be submitted to the court at least 7 days prior to the hearing.
7. The contents of your report should be as follows:
 - Acceptance of Appointment and Report of Guardian Ad Litem of Alleged Incapacitated Individual PC 627 (12/18) (Complete the form and attach your report and recommendations.)
 - Confirmation that you have complied with the requirements under MCL700.5305(1) and MCL 700.5306a(2).
 - Information from interviews with all interested persons and family members of the ward.
 - Information from your interview with the ward, and whether the ward agrees to the guardianship.
 - An estimate of the assets of the ward and the existence of any estate planning documents. Attach a completed Macomb County Probate Court Financial Review Form. *This must be done regardless of whether it is a guardianship or conservatorship.*
 - Whether there may be an acceptable alternative to the guardianship
 - Your recommendation to the Court

Please do not cite extensive pages of law – this is unnecessary.

Attached is an example of a recommended format for your report.

BILLING

8. A copy of your invoice must accompany the GAL Report. Your report will not be accepted without the invoice.
 - If the ward receives only Social Security and/or a minimal pension and has less than \$5,000 in an account, the invoice should be addressed and sent to Macomb County Probate Court. Use the Macomb County Probate Court Invoice form. (Copy attached)
 - If the ward has more than \$5,000, the estate should be sent your invoice for services. Please use your own personal invoice form and not the Probate Court's invoice, as this tends to confuse people as to where to send their payment. *Include a copy of the invoice you sent to the estate with your report.*
 - No matter who receives your invoice, the fee per ward is \$150.
 - Any additional fees for extraordinary services must be approved by the Court in advance.

MISCELLANEOUS

9. Your full original report and invoice must be received by the Court at least 7 days prior to the hearing.
 - Font size should be at least "10".
 - Fax or email copies are not accepted.
10. If you are appointed GAL for a settlement involving a minor, you will receive additional instructions under separate cover.

**STATE OF MICHIGAN
IN THE PROBATE COURT FOR THE COUNTY OF MACOMB**

In the Matter of _____, an alleged incapacitated person

File No. _____-GA

_____ /

REPORT AND RECOMMENDATION OF GUARDIAN AD LITEM

This matter is before the Court on a Petition filed by _____ [*relation to proposed ward*] and proposed guardian of _____. I was appointed guardian ad litem pursuant to this Court's Order dated _____.

I. SERVICE ON ALLEGED INCAPACITATED PERSON. I personally served the Alleged Incapacitated Person with a copy of the Petition and Notice of Hearing at [address] on _____, 2019 at _____ .m.

II. INTERESTED PERSONS The interested persons in this matter are as follows:

<i>[Name</i>	<i>Relationship to the Ward]</i>
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III. INTERVIEWS

(A) [Ward]. On _____ I personally visited _____ at _____. _____ is ___ years old and suffering from _____. [*provide brief background on proposed ward*].

When I met with _____, [*describe your visit with the proposed ward, and any other relevant information*].

When I explained the purpose of my visit, _____ stated that [*whether proposed ward agrees to guardianship/conservatorship, whether they request an attorney, etc*].

_____ 's condition is not the result of an automobile accident.

(B) [family interviews].

(C) [medical professional interview].

IV. ALLEGED INCAPACITATED PERSON'S ASSETS/LIABILITIES

_____ confirmed that _____ has the following assets:

Social Security (per month).....

\$_____

Checking account Approx.

\$_____

List any other assets with their values

Also include a completed MCPC Financial Review Form.

V. CONCLUSION AND RECOMMENDATION

[Your final comments].

Therefore, based upon my investigation, I recommend that the petition for guardianship be GRANTED/DENIED.

I have complied with the requirements of MCLA 700.5305(1).

Date: _____

, Guardian ad litem

MACOMB COUNTY PROBATE COURT

2019

FEE SCHEDULE FOR COURT APPOINTMENTS

Wills & Estates

“**Liquid Assets**”: defined as cash, stocks, bond, CD’s or money market, checking or savings accounts.

GUARDIANSHIP REVIEW	<ul style="list-style-type: none"> • One-time payment for each Guardianship Review completed. • No payment issued if it is determined that the ward is deceased. • Indigent Estate (<\$5,000 in liquid assets): Send invoice to Probate Court for Payment. • Non-Indigent Estate (>\$5,000 in liquid assets): Send invoice to estate for payment; include a copy with your report to the Court. 	\$100 per assignment
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ATTORNEY	<ul style="list-style-type: none"> • One-time payment to represent ward at all required hearings when the Court determines an attorney is required. • Invoice sent to Probate Court for payment. 	\$175 per assignment
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GUARDIAN AD LITEM APPOINTMENT		
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Indigent Estates	< \$5,000 in liquid assets	\$150.00 per assignment <ul style="list-style-type: none"> • Paid by the County. • Send invoice to Probate Court by including it with your Report.
Non-Indigent Estates	>\$5,000, but <\$10,000	\$200 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court.
Non-Indigent Estates	>\$10,000, but <\$100,000	\$450 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court.
Non-Indigent Estates	>\$100,000	\$650 per assignment <ul style="list-style-type: none"> • Paid by the estate. • Send invoice to the estate, and include a copy with your GAL report to the Probate Court.

- One-time payment for each assignment.
- Payment includes compensation for preparation/filing of GAL reports and attendance at all required hearings.
- The GAL shall submit their itemized invoice to the Court for approval in all cases.
- If the GAL believes that a departure from the above fee schedule is appropriate, GAL may file a motion showing good cause for such a departure.
- Similarly, the Court may order an upward or downward departure based on the circumstances of any given case upon reviewing necessary services and reasonable fees.

MCPC
File # _____

**MACOMB COUNTY PROBATE COURT
FINANCIAL REVIEW**

Name: _____

**** DO NOT INCLUDE ACCOUNT NUMBERS FOR ANY INCOME/ASSETS REPORTED ****

INCOME:

SOURCE	AMOUNT
1.	
2.	
3.	
4.	

ASSETS:

BANK ACCOUNTS	INSTITUTION	TYPE OF ACCOUNT	BALANCE
1.			
2.			
3.			
4.			

REAL PROPERTY ADDRESS	SEV
1.	
2.	
3.	

STOCKS (individual/brokerage acct.)	MARKET VALUE
1.	
2.	
3.	
4.	

LIFE INSURANCE POLICIES

COMPANY	TYPE OF POLICY	CASH SURRENDER VALUE (Y/N)
1.		
2.		

IRA's, 401K's, ETC.:

CUSTODIAN	VALUE
1.	
2.	
3.	
4.	

Date: _____

INTERVIEWER: _____

PROBATE FILE # _____

**MACOMB COUNTY PROBATE COURT
INVOICE**

IN THE MATTER OF: _____

MACOMB PROBATE COURT FILE NUMBER: _____

Attorney Name

Phone #

Address

Vendor #

City, State, Zip

Date of Service

TYPE OF SERVICE RENDERED

- | | | |
|--------------------------|---------------------|---------------------------------|
| <input type="checkbox"/> | GUARDIAN AD LITEM | (FEE PER SCHEDULE \$150.00) |
| <input type="checkbox"/> | ATTORNEY | (FEE PER SCHEDULE \$175.00) |
| <input type="checkbox"/> | GUARDIANSHIP REVIEW | (FEE PER COURT POLICY \$100.00) |

**THIS INVOICE IS TO BE SUBMITTED ONLY WHEN THE FEE IS
PAYABLE BY THE PROBATE COURT.**

**IF THE FEE IS TO BE PAID BY THE ESTATE, A COPY OF YOUR BILLING
MUST BE SUBMITTED TO THE COURT.**