Approved, SCAO		PCS CODE: RE TCS CODE: RE
STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER FOR REINSTATEMENT (CASE NOT CLOSED)	FILE NO.
In the matter ofFirst, middle, and last na	me	
USE NOTE: If the estate was closed under MCR 5.203, use forms PC 607 and PC 605	PETITION	
☐ 1.I was suspended as fiduciary	in this matter because of my failure to	
☐ file an annual report on t☐ file an annual report on t☐	the condition of legally incapacitated individual. the condition of minor. the condition of developmentally disabled individual.	
I am now correcting that defici		
	es, and their representatives are the same as those whose address changed, list the name and new address; attach s	
4. I REQUEST that I be reinstated a	as	
I declare under the penalties of perj my information, knowledge, and be	ury that this petition has been examined by me and lief.	that its contents are true to the best o
Date		
Petitioner signature	Address	
Petitioner name (type or print)	City. state. zip	Telephone no

(SEE SECOND PAGE)

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

Petition and Order for Reinstatement (Case Not Closed)	(9/16))

File No.		
FILE NO.		

ORDER FOR REINSTATEMENT

THE COURT FINDS:

5. Notice of hearing was given to or waived by	all intereste	ed persons.		
6. The case was not closed and the fiduciary	\square has	☐ has not	corrected the deficiency.	
IT IS ORDERED:				
☐ 7. _{Name}		is reinstated as	S	·
\square 8. The petition is denied.				
Date		Judge		Bar no.
Attorney signature		Address		
Name (type or print)	Bar no.	City, state, z	zip	Telephone no.