

INSTRUCTIONS AND COURT PROCEDURE  
FOR PETITION FOR GUARDIAN OF A MINOR

- Complete Petition and Minor Guardianship Social History and file the documents in Probate/Family Court.
- Pay \$175.00 filing fee. There will be a \$12.00 fee for a certified copy of the letters of guardianship once the guardian has been appointed.
- Obtain hearing date from Probate Court.
  - Prior to the hearing the court will arrange for the Michigan Department of Health and Human Services to conduct a home study of the proposed guardian's home and a background check of the people in it.
- Complete and file Notice of Hearing form.
- Complete and file Proof of Service form indicating that the Petition and Notice of Hearing have been served on the mother and father of the child and the minor child if over the age of 14.
- Attend hearing
- Pay \$12.00 for certified copy of Letters of Guardianship.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor  
First, middle, and last name XXX-XX-  
Last four digits of SSN

**USE NOTE:** If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).

1. I, \_\_\_\_\_, am interested in the welfare of the minor and make this  
Name (type or print)  
 petition as \_\_\_\_\_  
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. The minor was born \_\_\_\_\_, is  female,  male, is unmarried, resides in \_\_\_\_\_  
Date County

at \_\_\_\_\_  
Address City/Township State Zip

and is presently located in \_\_\_\_\_ at \_\_\_\_\_  
County Address (if different than above)

\_\_\_\_\_  
City/Township State Zip

The minor is a citizen of the following foreign country: \_\_\_\_\_

3.  The minor is not an Indian child as defined in MCR 3.002(12).  
 It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

4. The persons interested in this proceeding are: \*Also list persons who had principal care and custody of the  
minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Parent/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		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.

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4. (continued) If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER				
		Street address	City	State	Zip	Telephone no.

None of these persons are under any legal incapacity except \_\_\_\_\_  
Name, incapacity, and representative of the person, if any

5. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

6. The minor is in need of a guardian because

- a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
  - death.  a previous court order other than an order appointing a limited guardian of the minor.
  - disappearance.  judgment of divorce or separate maintenance.
  - confinement in a place of detention.  judicial determination of mental incompetency. **OR**
- b. the parent permits the minor to reside with another person and does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**
- c. the biological parents of the minor were never married to each other and \_\_\_\_\_, the custodial parent  died  has disappeared since \_\_\_\_\_, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

7. A temporary guardian is necessary because \_\_\_\_\_

**I REQUEST:**

8. \_\_\_\_\_, whose address and telephone number are \_\_\_\_\_  
Name Address  
\_\_\_\_\_, be appointed guardian of the minor.  
City/Township State Zip Telephone no.

9. The court order the parent(s) to provide  reasonable support for  parenting time with  contact with the minor.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
/s/  
Signature of petitioner  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
/s/  
Signature of petitioner  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

10. I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian,  
Name  
who lives at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date  
\_\_\_\_\_  
/s/  
Attorney signature  
\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Signature of minor  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>MINOR GUARDIANSHIP SOCIAL HISTORY</b>	<b>FILE NO.</b>
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**USE NOTE:** File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

**Parent and Minor Child Information:**

Name of minor		Minor's birth date	Last 4 digits of Minor's SSN
Minor's present address		City	State      Zip
Parent's name	Parent's birth date	Parent's name	Parent's birth date
Father's name on minor's birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Paternity established through court proceedings    If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County		
Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor's parents divorced from each other    If yes, specify county of divorce <input type="checkbox"/> Yes <input type="checkbox"/> No _____ County		
Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker)			
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Victim of domestic violence	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Had contact with the protective services unit of MDHHS	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a substance abuse problem	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a mental health problem	
Name of school child attends (specify if home schooled)			
Describe child's school attendance, behavior, and grades			
Describe child's relationship and extent of contact with parent(s)			
If the child is a member of an Indian tribe, or is eligible for membership in an Indian tribe and is a biological child of a member of an Indian tribe, list the child's tribal affiliation.			

**Proposed Guardian Information:**

Name of proposed guardian (including any prior names)		Birth date	Driver's license no.	Last 4 digits of SSN
Present address		City	State      Zip	Length of time at this address
Relationship to minor	Home phone no.	Work phone no.	Cell phone no.	Best number to call between 8:00 a.m. and 5:00 p.m.
Guardianship of any other minor	If yes, give name and file numbers of each minor child			
Occupation	Employer's name and telephone no.		Length of time with this employer	
Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker)				
<input type="checkbox"/> Victim of domestic violence				
<input type="checkbox"/> Had contact with the protective services unit of MDHHS				
<input type="checkbox"/> Experienced a substance abuse problem				
<input type="checkbox"/> Experienced a mental health problem				
Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none				
<input type="checkbox"/> None				

**Proposed Guardian Questionnaire:** (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.
  
2. Do the parents agree with this guardianship?     Yes     No    If no, explain.
  
3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check  none.
  
4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check  none.
  
5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.
  
6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.
  
  
7. Describe the sleeping space you have in your home for this child.
  
  
8. Indicate how many other children live in your home.
  
  
9. Describe the methods of discipline you would use to control this child.
  
  
  
  
10. Provide the full name and date of birth of every adult living in the home.
  
  
  
  
11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.
  
  
  
  
  
  
  
  
  
  
12. Specify any other information you believe would be helpful to the court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of \_\_\_\_\_  
First, middle, and last name

TAKE NOTICE: A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_,  
Date Time

at \_\_\_\_\_ before Judge \_\_\_\_\_  
Location Bar no.

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

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

_____	_____	_____	_____
Attorney name	Bar no.	Petitioner name	
_____	_____	_____	_____
Address		Address	
_____	_____	_____	_____
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(12), you must comply with MCR 5.109(2).

**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.

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<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	<b>\$ 0.00</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

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