

INSTRUCTIONS AND COURT PROCEDURE
FOR PETITION FOR LIMITED GUARDIAN OF A MINOR

- Petition and Limited Guardianship Placement Plan must be completed and signed by custodial parent. (If possible, each parent should complete their own placement plan.) The Petition **MUST** include the name and address of both parents. A minor guardianship social history form must be submitted for each child.

- Pay \$175.00 filing fee. There will be a \$12.00 fee for a certified copy of the letters of guardianship once 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 the home.

- Complete and file Notice of Hearing form.

- Complete and file Proof of Service form indicating that the Petition, Placement Plan, and Notice of Hearing have been served on the mother and father of the child and the minor child if the child is over the age of 14.

- Attend hearing

- Pay \$12.00 for certified copy of Letters of Guardianship.

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

1. I am interested in this matter and make this petition as custodial parent of the minor.
2. 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.

3. 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 (only if different than above)

City/Township State Zip

The minor is a citizen of the following foreign country: _____

4. 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).

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

5. The persons interested in this proceeding are:

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.

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

(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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6. The welfare of the minor will be served by the appointment.

7. A proposed limited guardianship placement plan is attached.

I REQUEST:

8. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

9. Other: _____

10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

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 custodial parent

Address

City, state, zip Telephone no.

Date

/s/
Signature of custodial parent

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

11. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

/s/
Signature of minor

/s/
Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

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).

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">LIMITED GUARDIANSHIP PLACEMENT PLAN</p>	<p>FILE NO.</p>
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In the matter of _____, a minor

Special Note in Completing Form:

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- To enable my child to attend school in the proposed guardian's school district.
- To provide health insurance through the proposed guardian.
- I will be or am incarcerated until _____.
- I am currently without housing adequate for my child.
- I am unable to care for my child because of my health.
- I am unable to care for my child because of my mental instability.
- I desire an alternative to action recommended by child protective services.
- I have lost substantial control of my child's behavior.
- I need to improve my parenting skills.
- The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- To comply with the requirement of the Reserves. Armed Forces.
- Other:

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

- I will visit my child on: (please circle each day you plan to visit) __Su __M __Tu __W __Th __F __Sa
 from: (please specify the time and circle either a.m. or p.m.) _____ a.m. p.m. to _____ a.m. p.m.
- I will visit my child _____ times each week. month.
- Visits will occur at my residence. the proposed guardian's residence. _____.
- Telephone contact will take place daily. weekly. monthly. _____.
- Letters will be sent daily. weekly. monthly. _____.
- I will attend my child's school conference provided I receive timely notice of the conference.
- I will attend counseling with my child.
- I will participate in and arrange positive outings with my child daily. weekly. monthly. _____.
- I will provide transportation for my child for _____.
- I will attend all doctor/dental appointments for my child (excluding emergencies).
- Transportation to and from visits with my child will be the responsibility of _____.
- Collect telephone calls will be accepted at number _____.
- Other:

SEE OTHER SIDE FOR REMAINING PLANS

Do not write below this line - For court use only

<p>Approved: _____</p> <p>Date _____</p> <p>Judge _____</p>

3. Financial support will be made by me as follows:

- Health insurance coverage through _____
Policy numbers are _____
- School lunch money, clothing, supplies.
- Car insurance.
- \$ _____ each month for room, board, miscellaneous expenses to be paid at month's end. beginning.
- I will pay for counseling.
- I will pay for transportation to and from visits.
- I will provide food for my child as follows: _____
- I will pay for babysitting as follows: _____
- Other: _____

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer incarcerated. on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my G.E.D. job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: _____

5. I also agree as follows: _____

As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip

Telephone no.

Agreement and Acceptance of Appointment by Limited Guardian

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip

Telephone no.

Date of birth

Driver license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip

Telephone no.

Date of birth

Driver license no. or other identification

STATE OF MICHIGAN PROBATE COURT COUNTY OF	MINOR GUARDIANSHIP SOCIAL HISTORY	FILE NO.
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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.
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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. _____	Date _____	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.

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

PROOF OF SERVICE

FILE NO.

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	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

Date _____
Signature _____
Name (type or print) _____

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