

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	FILE NO. _____
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In the matter of _____
 First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of ward
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1. I am interested in this matter as _____
 State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Father DOB _____	Street address			
		City	State	Zip	Telephone No.
	Mother 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.

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

b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____

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

c. If this guardianship is terminated, the minor child will be returned to

mother. father. unknown. other: _____

(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

3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- a spouse adult child(ren) living parents whose name(s) and address(es) are listed below.
- no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
- none of the above (must notify the Attorney General*).

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

*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

5. Terminate the guardianship.
6. Accept the guardian's resignation.
7. Remove the guardian who has has not been suspended.
8. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as successor guardian.

9. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as a temporary guardian pending appointment of a successor.

10. Modify the powers of the guardian as follows: _____

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 _____

Attorney signature _____

Petitioner signature _____

Name (type or print) _____

Bar no. _____

Name (type or print) _____

Address _____

Address _____

City, state, zip _____

Telephone no. _____

City, state, zip _____

Telephone no. _____

NOMINATION BY MINOR:

- I am 14 years of age or older. I nominate _____ as my guardian, who lives at

Name

Address _____

City _____

State _____

Zip _____

Date _____

Signature of minor _____

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING	FILE NO.
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In the matter of _____

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.

_____ Date

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(5), you must comply with MCR 5.109(2).

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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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	TOTAL FEE	
\$		\$	\$ 0.00	

Date

Signature

Name (type or print)

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