

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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

2. The minor is currently _____, is female, male, is unmarried, resides in _____
Age 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: _____

3. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	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

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

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

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

Date

Signature of custodial parent

Signature of custodial parent

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

Signature of minor

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.