JIS Code: PTD

| STATE | OF MICHIGAN   |
|-------|---------------|
|       | PROBATE COURT |
|       | COUNTY        |

## PETITION TO TERMINATE MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL

| CASE NO. | and JUDGE |  |
|----------|-----------|--|

|  |                       | DISABLED II                  | NDIVIDUA               | L                           |                      |                   |
|--|-----------------------|------------------------------|------------------------|-----------------------------|----------------------|-------------------|
| Court address  | ,                     |                              |                        |                             | Court t              | elephone no.      |
| In the matter of ${\text{First, middle,}}$             | and last name         |                              |                        |                             |                      |                   |
| Petitioner's name, address, and                        | telephone no.         |                              | Petitioner's           | s attorney, bar no., addres | s, and telephone no. |                   |
| 1. I, Name (type or print)                             |                       |                              | , am                   | interested in this ma       | tter and make this   | petition as       |
| State interest/relationship  2. The developmentally di | sabled individual's a | iddress and tele             | phone nur              | mber are                    |                      | ·                 |
| City  3. The guardian's address                        |                       | State                        |                        | Zip                         | Tele                 | ephone no.        |
| City  4. The developmentally di                        | sabled individual's p | oresumptive hei              | State<br>rs are: (Atta | ch a separate sheet if mo   | re space is needed.) | Zip .             |
| NAME   | A                     | ADDRESS AND TELEPHONE NUMBER |                        |                             | RELATIONSHIP         | AGE<br>(if minor) |
|  | Street address        |                              |                        |                             |                      | (                 |
|  | City                  | State                        | Zip                    | Telephone no.               | -                    |                   |
|  | Street address        |                              |                        |                             |                      |                   |
|  | City                  | State                        | Zip                    | Telephone no.               |                      |                   |
|  | Street address        | State                        | Zin                    | Talanhana na                |                      |                   |
|  | City Street address   | State                        | Zip                    | Telephone no.               |                      |                   |
|  |                       |                              |                        |                             |                      |                   |
|  | City                  | State                        | Zip                    | Telephone no.               |                      |                   |

| Petition to Terminate/Modify Guardian for Developmentally Disabled In Page 2 of 2                         | ndividual (5/21)                        | Case No.                  |                  |
|---|---|---------------------------|------------------|
| 5. The reasons why the court should take action are   |   |                           |                  |
| I REQUEST that the court:   |   |                           |                  |
|   |   | □ estate.<br>□ estate.    |                  |
|   | state,<br>state,                        |                           |                  |
| 9. Appoint Name   | Address                                 |                           |                  |
| City  | State                                   | Zip                       | Telephone no.    |
| as ☐ temporary guardian ☐ successor partial of the ☐ individual ☐ estate. ☐ 10. Appoint                   | guardian                                | ssor plenary guardian     |                  |
| City as standby guardian of the ☐ individual. ☐ es  | State<br>state.                         | Zip                       | Telephone no.    |
| ☐ 11. Modify the powers of the ☐ plenary guardian as follows:   | ☐ partial guardian                      | of the ☐ individual       | estate           |
| I declare under the penalties of perjury that this petition has of my information, knowledge, and belief. | been examined by me  Attorney signature | and that its contents are | true to the best |
| Date  | Petitioner signature                    |                           |                  |