

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 _____ **XXX-XX-** _____, a minor
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 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 _____
County

at _____
Address (only if different than above) City/Township

State _____ Zip _____

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

4. The minor 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. The name of the tribe is _____.
- The minor is not an Indian child as defined in MCR 3.002(5).
- It is unknown whether the minor is an Indian child as defined in MCR 3.002(5).

5. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS
	Father/DOB _____	
	Mother/DOB _____	
	Conservator	
	Guardian	
	Person with care/ custody of minor*	

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

(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

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

7. A proposed limited guardianship placement plan is attached.

IREQUEST:

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

Signature of custodial father

Address

City, state, zip Telephone no.

Date

Signature of custodial mother

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

Signature of minor

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.