

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>MINOR</b>	<b>FILE NO.</b>  
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In the matter of \_\_\_\_\_

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

**NOTICE:** In limited minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship.

2.  a. The incapacitated individual, whose telephone number is \_\_\_\_\_, has a guardian whose address is \_\_\_\_\_ and has

- a spouse whose name and address are listed below.
- adult child(ren) whose name(s) and address(es) are listed below.
- living parent(s) 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	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE/DOB (if minor)
		Guardian	

\*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909.

b. The interested persons for the minor, their relationship, and their addresses are:

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP
		Father/Age _____
		Mother/Age _____
		Conservator
		Guardian
		Person with care/custody of minor**

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

3.  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).
4. If this guardianship is terminated, the minor child will be returned to  
 mother.  father.  unknown.  other: \_\_\_\_\_
5. The reasons why the court should take action are \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I REQUEST** that the court:

6. Terminate the guardianship.  
 7. Accept the guardian's resignation.  
 8. Remove the guardian who  has  has not been suspended.
9. Appoint \_\_\_\_\_  
 Name (type or print) Address  
 \_\_\_\_\_  
 City State Zip Telephone no.  
 as successor guardian.
10. Appoint \_\_\_\_\_  
 Name (type or print) Address  
 \_\_\_\_\_  
 City State Zip Telephone no.  
 as a temporary guardian pending appointment of a successor.
11. 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.

_____	_____
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