STATE OF MICH PROBA	IGAN ATE COURT COUNTY	PETITION TO TERMINATE MODIFY GUARDIANSHIP LEGALLY INCAPACITATED INDIVIDUAL MINOR		e 🗌 Modify Dianship	CASE NO. and JUDGE
Court address					Court telephone no.
	e, and last name				
Court ORI	Current age of ward	Race	Sex	Current address of ward	
Petitioner's name, address, and	d telephone no.			Petitioner's attorney, bar	r no., address, and telephone no.

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

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
	Parent/Age				
		City	State	Zip	Telephone no.
		Street address	I		
	Parent/Age	City	State	Zip	Telephone no.
				-	
		Street address			
	Conservator	City	State	Zip	Telephone no.
		Street address			
	-				
	Guardian	City	State	Zip	Telephone no.
		Street address			
	Person with care/				
	custody of minor*	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 \_  $\Box$  The minor is not an Indian child as defined by MCR 3.002(12).

 $\Box$  It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

Petition to Terminate/Modify Guardianship (7/24) Page 2 of 3

Case No. \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_ and has

2. (continued)

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

□ 3. The incapacitated individual, whose telephone number is \_\_\_\_\_\_, has a guardian whose

address is \_\_\_\_\_

🗌 a spouse	adult child(ren)	living parents	whose name(s) and address(es) are listed below.
no spouse,	adult child(ren), or pare	ent(s). The names and	d 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.
		Street address			
		City	State	Zip	Telephone no.
		Street address			
		City	State	Zip	Telephone no.
		Street address			
	Guardian	City	State	Zip	Telephone no.
	Standby	Street address	I	I	1
	Guardian	City	State	Zip	Telephone no.

\*\*Presumptive heirs includes minor children, if any.

\*\*\*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 REC	QUEST that the court:				
6.	Terminate the guardianship. Accept the guardian's resignation. Remove the guardian who	□ has not	been suspended.		
8.	Remove Name (type or print)	as standby	y guardian.		
9.	Designate Name (type or print)		Address		
	<sup>City</sup> as <b>standby guardian</b> .		State	Zip	Telephone no.

Petition Page 3	n to Terminate/Modify Guardianship (7/24) of 3		Case No			
□ 10.	. Appoint Name (type or print)		Address			
	10. Appoint Name (type or print)         City         as successor full guardian.         11. Appoint Name (type or print)         City         as temporary guardian pending approximation (type or print)         City         as successor limited guardian with         13. Modify the powers of the guardian approximation, knowledge, and belief.					
	•	State	Zip	Telephone no.		
	_					
□ 11.	Appoint		Address			
	City	State	Zip	Telephone no.		
	as <b>temporary guardian</b> pending appo	intment of a successor.				
□ 12.	. Appoint Name (type or print)		Address			
		State	Zip	Telephone no.		
	•		•			
	are under the penalties of perjury that th information, knowledge, and belief.	is petition has been exami	ned by me and that its contents	are true to the best		
Date		Petitioner sig	nature			
Date		Attorney sign	ature			
	<b>INATION BY MINOR:</b> m 14 years of age or older. I nominate <sub>N</sub>	ame (type or print)				
Add	Iress	City	State	Zip		
	my guardian.	·		•		
<u> </u>						
Date		Signature of r	ninor			