JIS Code: LGI

## STATE OF MICHIGAN

<b>CASE N</b>	O. and	JUDGE
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PROBA	TE COURT COUNTY	OI EIIIII ED GOMADIMA OI			CAS	CASE NO. and JUDGE			
Court address	,				•		Court te	elephone no	
In the matter of ${}$ First, middle,	and last name			, <u>Name c</u>	of tribe and ide	ntification n	o. (if one)		
Petitioner's name, address, and	's name, address, and telephone no.						telephone no.		
I am interested in this r	matter and ma	ke this petition a	as custodia	l parent or li	ndian custo	dian of th	ne minor India	ın child.	
2. A consent to the volunt	ary guardians	hip will be or ha	s been exe	cuted under	MCL 712B	.13 (form	PC 686).		
3. I consent to the susper	nsion of my pa	rental rights und	ler MCL 70	0.5205.					
4. The minor is currently	, is	☐ female, ☐ m	nale, is u	nmarried, re	sides in	nty			
at			City/Towns	hip		St	tate	Zip	
and is presently located			•						
	County				ni inan above	)			
City/Township  The minor is a citize	n of the follow	State		Zip .					
☐ 5. An action within the j			•						
has been previously	filed in			Court, Ca	ase Numbe	r			
was assigned to Jud							is no longer		
6. The persons interested				, ,			ge.	p =g.	
NAME	RELATIO			ADDRESS	AND TELEP	HONE NUM	/BER		
			address						
	Parent/Age _	City			State	Zip	Telephone	no.	
		Stree	address		ı	1			
	Parent/Age _	City			State	Zip	Telephone	no.	

Petition for Appointment (Voluntary Guardianship Page 2 of 2	t of Limited Guardian of Minor I )	ndian Child	(5/21)		Case No				
	rested in this proceeding ar	e:	the 63 days be	fore filing the	petition.	_	of the minor during		
NAME	RELATIONSHIP	0: :	ADDRE	SS AND TEL	EPHONE NUM	/IBER			
		Street a	ddress						
	Conservator	City		State	Zip	Telep	hone no.		
		Street a	ddress						
	Guardian								
		City		State	Zip	Telepi	hone no.		
		Street a	ddress						
	Person with care/								
	custody of minor*	City		State	Zip	Telepi	hone no.		
7. The welfare of the 8. A proposed limited I REQUEST: 9. Name City/Township	ns are under any legal inca e minor will be served by th d guardianship placement   State	e appointn plan is atta w v	nent.  ched.  /hose address is _  Telephone no.	ddress					
	penalties of perjury that this nowledge, and belief.	petition ha	s been examined	by me and	that its cont	ents are	true to the best		
Date			Signature of custoo	lial parent					
Date			Signature of custoo	lial parent					
Date			Signature of Attorne	еу					
NOTE: If both parent	s have custody, each must	sign.							
☐ 11. I am 14 years	of age or older. I nominate	Name					as my		
guardian who	lives at		City			State	Zip		
	/ (ddi 000		City		`	o.a.o	<b>ک</b> ال		
Date			Signature of minor						

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).