

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

8. A proposed limited guardianship placement plan is attached.

I REQUEST:

9. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

10. Other: _____

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
/s/
Signature of custodial parent

Address

City, state, zip Telephone no.

Date
/s/
Signature of custodial parent

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

/s/
Signature of minor

/s/
Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

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.

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).