

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR INDIAN CHILD (VOLUNTARY GUARDIANSHIP)	CASE NO. and JUDGE
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Court address

Court telephone no.

In the matter of _____, _____
 First, middle, and last name Name of tribe and identification no. (if one)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I am interested in this matter and make this petition as custodial parent or Indian custodian of the minor Indian child.

2. A consent to the voluntary guardianship will be or has been executed under MCL 712B.13 (form PC 686).

3. The minor is currently _____, is ☐ female, ☐ male, is unmarried, resides in _____
 Age County
 at _____
 Address City/Township State Zip
 and is presently located in _____ at _____
 County Address (only if different than above)

 City/Township State Zip
☐ The minor is a citizen of the following foreign country: _____.

4. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Conservator	Street address			
		City	State	Zip	Telephone no.

4. (continued)

The persons interested in this proceeding are:

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

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Guardian	Street address			
		City	State	Zip	Telephone no.
	Person with care/ custody of minor*	Street address			
		City	State	Zip	Telephone no.

None of these persons are under any legal incapacity except _____ .
Name, incapacity, and representative of the person, if any

- ☐ 5. 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.

6. The minor is in need of a guardian because

- ☐ a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
- | | |
|---|--|
| <input type="checkbox"/> death. | <input type="checkbox"/> a previous court order other than an order appointing a |
| <input type="checkbox"/> disappearance. | limited guardian of the minor. |
| <input type="checkbox"/> confinement in a place of detention. | <input type="checkbox"/> judgment of divorce or separate maintenance. |
| <input type="checkbox"/> judicial determination of mental incompetency. OR | |
- ☐ b. the parent(s) permit(s) the minor to reside with another person and the parent(s) do/does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**
- ☐ c. the biological parents of the minor were never married to each other and _____ , the custodial parent ☐ died ☐ has disappeared since _____ , and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

- ☐ 7. A temporary guardian is necessary because _____

I REQUEST:

8. _____ , whose address and telephone number are
- | | | | | | |
|------------|---------------|---------------------|-------------|-----------|---------------------|
| _____ Name | _____ Address | _____ City/Township | _____ State | _____ Zip | _____ Telephone no. |
|------------|---------------|---------------------|-------------|-----------|---------------------|
- be appointed guardian of the minor.

- ☐ 9. The court order the parent(s) to provide ☐ reasonable support for ☐ parenting time with ☐ contact with the minor.

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

Petitioner signature

Date

Petitioner signature

Date

Attorney signature

☐ 10. I am 14 years of age or older. I nominate _____ as my
Name
guardian who lives at _____
Address City State Zip

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).