

<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 \_\_\_\_\_  
First, middle, and last name

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

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

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent DOB _____	Street address			
		City	State	Zip	Telephone No.
	Parent DOB _____	Street address			
		City	State	Zip	Telephone No.
	Conservator	Street address			
		City	State	Zip	Telephone No.
	Guardian	Street address			
		City	State	Zip	Telephone No.
	Person with care/ custody of minor*	Street address			
		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 \_\_\_\_\_

- The minor is not an Indian child as defined by MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

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

\_\_\_\_\_

(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 incapacitated individual, whose telephone number is \_\_\_\_\_, has a guardian whose address is \_\_\_\_\_ and has
- a spouse  adult child(ren)  living parents whose name(s) and address(es) are listed below.
  - no spouse, adult 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	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		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 REQUEST** that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who  has  has not been suspended.
- 8. Appoint \_\_\_\_\_

Name (type or print) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

as successor guardian.

- 9. Appoint \_\_\_\_\_

Name (type or print) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

as a temporary guardian pending appointment of a successor.

- 10. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
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