

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

WITHDRAWAL OF CONSENT TO
GUARDIANSHIP OF INDIAN CHILD

FILE NO.

Court address

Court telephone no.

In the matter of _____, _____
Full name of child Name of tribe and identification no. (if one)

1. On _____ I, _____, consented
Date Name
to guardianship of the child named above.

2. I withdraw my consent and demand the immediate return of the child.

Date Parent signature

Address City State Zip

EX PARTE ORDER

3. IT IS ORDERED:

- a. Pursuant to law, the guardianship is terminated, effective immediately, and the child shall be returned to the parent(s)/Indian custodian.
- b. Because both parents consented to guardianship of the child but only one parent withdrew consent, a hearing shall be held on

_____ at _____ at _____
Date Time Location

Date Judge Bar no.

Do not write below this line - For court use only