

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER OF INVESTIGATION AND NOTICE OF HEARING ON GUARDIANSHIP OF INDIAN CHILD</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, last name

1. The court has discovered that the minor listed above may be an Indian child.
2. A guardianship was ordered in this case on \_\_\_\_\_  
Date

**ORDER TO INVESTIGATE**

**IT IS ORDERED:**

3. For the guardianship of the minor,

_____	<input type="checkbox"/> The Michigan Department of Health and Human Services
Name (type or print)	
_____	_____
Address	Address
_____	_____
City, state, zip	Telephone no.      City, state, zip      Telephone no.

is appointed to investigate and to report to the court in accordance with MCL 700.5204(1).

4. The investigation shall include an inquiry into Indian tribal membership for the minor. If the minor is an Indian child, the report shall contain the information required in MCL 712B.25(1).
5. The guardian shall cooperate with this investigation.
6. The investigation shall be completed and a report filed with the court no later than \_\_\_\_\_  
Date (7 days before the hearing on the petition)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge      \_\_\_\_\_  
Bar no.

**(SEE SECOND PAGE FOR NOTICE OF HEARING)**

Do not write below this line - For court use only

**NOTICE OF HEARING OF GUARDIANSHIP PROCEEDINGS**

TO:			(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
			(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
			(Name and telephone no. of Tribal chairperson. State if unknown.)
			(Use only if identity of parents, custodian, or tribe is unknown. If grandparent[s] are known, please attach a sheet with name[s] and date[s] of birth.)

Midwest Regional Director, Bureau of Indian Affairs  
 5600 West American Blvd., Suite 500  
 Norman Pointe II Building  
 Bloomington, MN 55437  
 (612) 725-4500

**TAKE NOTICE:**

1. The court has discovered that the minor may be an Indian child. The Indian Child Welfare Act and the Michigan Indian Family Preservation Act may apply to this case.
2. A hearing regarding the guardianship of the minor will be held at the date, time, and location listed below:

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Location

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

If you choose to attend this hearing and you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

**USE NOTE:** This order and notice must be sent to the persons prescribed in MCR 5.125(A)(8), (C)(19), and (C)(25) in accordance with MCR 5.109(1). A copy of the order and notice must also be mailed to the guardian by first-class mail. 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.