

STATE OF MICHIGAN PROBATE COURT COUNTY	LIMITED GUARDIANSHIP PLACEMENT PLAN	CASE NO. and JUDGE
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Court address

Court telephone no.

In the matter of _____
First, middle, and last name of minor

Special Note in Completing Form:

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- To enable my child to attend school in the proposed guardian's school district.
- To provide health insurance through the proposed guardian.
- I will be or am incarcerated until _____ .
- I am currently without housing adequate for my child.
- I am unable to care for my child because of my health.
- I am unable to care for my child because of my mental instability.
- I desire an alternative to action recommended by child protective services.
- I have lost substantial control of my child's behavior.
- I need to improve my parenting skills.
- The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- To comply with the requirement of the Reserves. Armed Forces.
- Other: _____

FOR COURT USE ONLY

Approved:

 Judge signature and date

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

I will visit my child on: (please mark each day you plan to visit)

___ Su ___ M ___ Tu ___ W ___ Th ___ F ___ Sa

from: (please specify the time) _____ .m. to _____ .m.

I will visit my child _____ times each week. month.

Visits will occur at my residence. the proposed guardian's residence. _____ .

Telephone contact will take place daily. weekly. monthly. _____ .

Letters will be sent daily. weekly. monthly. _____

I will attend my child's school conference provided I receive timely notice of the conference.

I will attend counseling with my child.

I will participate in and arrange positive outings with my child daily. weekly. monthly. _____

I will provide transportation for my child for _____ .

I will attend all doctor/dental appointments for my child (excluding emergencies).

Transportation to and from visits with my child will be the responsibility of _____ .

Collect telephone calls will be accepted at number _____ .

Other: _____

3. Financial support will be made by me as follows:

Health insurance coverage through _____ .

Policy numbers are _____ .

School lunch money, clothing, supplies.

Car insurance.

\$ _____ each month for room, board, miscellaneous expenses to be paid at month's end. beginning.

I will pay for counseling.

I will pay for transportation to and from visits.

I will provide food for my child as follows: _____

I will pay for babysitting as follows: _____

Other: _____

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer incarcerated. on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my G.E.D. job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: _____

5. I also agree as follows: _____

As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.

Date	Date
Signature	Signature
Name of custodial parent (type or print)	Name of custodial parent (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.

AGREEMENT AND ACCEPTANCE OF APPOINTMENT BY LIMITED GUARDIAN

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date	Date
Signature	Signature
Name of proposed guardian (type or print)	Name of proposed guardian (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.
Put DOB and DLN in Ref. No. row 10 on MC 97a.	Put DOB and DLN in Ref. No. row 11 on MC 97a.
Date of birth	Date of birth
Driver's license no. or other identification	Driver's license no. or other identification