



Michigan Supreme Court

State Court Administrative Office

Field Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby
Field Services Director

MEMORANDUM

DATE: June 1, 2023
FROM: SCAO Forms Team
RE: Revision of various court forms.

Below is a list of SCAO-approved court forms revised or created by the SCAO. An explanation of the changes to each form is provided, along with instructions on use of previously approved versions and a copy of the form with the changes highlighted.

If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.

For suggestions about these court forms, please contact CourtFormsInfo@courts.mi.gov.

[CC 219b, Judgment of Sentence Commitment to Department of Corrections](#)

Most recent update: (6/23) version

Use of existing paper stock: (3/16) version of the form cannot be used after July 31, 2023

➤ [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed and formatting changes were made to meet new form standards.

[CC 236, Order Committing Juvenile to Michigan Department of Health and Human Services](#)

Most recent update: (6/23) version

Use of existing paper stock: (8/21) version of the form cannot be used after July 31, 2023

➤ [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required

and whether each, or both, have been completed. Additionally, citations were updated as needed.

[DC 100e, Demand for Possession Termination of Tenancy Due to Unlawful Drug Activity on Premises, Landlord-Tenant](#)

Most recent update: (6/23) version

Use of existing paper stock: (6/19) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to correct a typographical error. Additionally, formatting changes were made to meet new form standards.

[instDC 100e, instructions for DC 100e, Demand for Possession Termination of Tenancy Due to Unlawful Drug Activity on Premises, Landlord-Tenant](#)

Most recent update: (6/23) version

Use of existing paper stock: (undated) version of the form can be used until stock is depleted

- [Click here to see the form.](#)

Instructions were updated to reflect current form version.

[FOC 12, Referral Order](#)

Most recent update: (6/23) version

Use of existing paper stock: (3/13) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions were made to ensure the form allows referral to all alternative dispute options under MCR 3.224. Additionally, formatting changes were made to meet new form standards.

[FOC 16, 21-Day Notice to Alleged Violator of Custody or Parenting Time Provisions](#)

Most recent update: (6/23) version

Use of existing paper stock: (6/19) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions were made to list out the possible actions that may be taken by the friend of the court and remove language limiting the availability of mediation to parties that both agree to mediate the matter. Additionally, formatting changes were made to meet new form standards.

[FOC 106, Notice of Redirection or Abatement of Child Support](#)

Most recent update: (6/23) version

Use of existing paper stock: (6/22) version of the form can be used until stock is depleted

- [Click here to see the form.](#)

Revisions were made to caption to reflect that the court address should be listed to facilitate filing.

[FOC 107, Notice Following Review of Redirection or Abatement of Child Support](#)

Most recent update: (6/23) version

Use of existing paper stock: (8/21) version of the form can be used until stock is depleted

- [Click here to see the form.](#)

Revisions were made to caption to reflect that the court address should be listed to facilitate filing.

[JC 14a, Order of Disposition, In-home \(Delinquency Proceedings\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/22) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed.

[JC 14b, Order of Disposition, Out-of-home \(Delinquency Proceedings\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/22) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed.

[JC 71, Judgment of Sentence, Commitment to Jail \(Designated Case\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed.

[JC 72, Judgment of Sentence, Commitment to Department of Corrections \(Designated Case\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed.

[JC 73, Order Delaying Sentence \(Designated Case\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed.

[JC 79, Publication of Hearing \(Notice to Putative Father\)](#)

Most recent update: (6/23) version

Use of existing paper stock: (6/03) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

This form was modified to update a citation to MCR 3.921(D). Additionally, formatting changes were made to meet new form standards.

[JC 94, Annual Report of Juvenile Guardian on Condition of Child](#)

Most recent update: (6/23) version

Use of existing paper stock: (1/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

A use note was added to clarify the filing and service responsibilities of the guardian.

[MC 219, Judgment of Sentence, Commitment to Jail](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed.

[MC 242, Assignment to Youthful Trainee Status](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additionally, citations were updated as needed.

[MC 294, Order Delaying Sentence](#)

Most recent update: (6/23) version

Use of existing paper stock: (7/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Form was amended to allow the court to identify whether HIV testing or SORA registration are required and whether each, or both, have been completed. Additional changes approved by the criminal workgroup forms committee include removal of conditional sentencing language. Finally, citations were

updated as needed.

[PC 566, Supplemental Testimony to Identify Nonheir Devisees, Testate Estate](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/18) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions include removing the notarization block and adding verification language from MCR 1.109(D)(3)(b). Additionally, formatting changes were made to meet new form standards.

[PC 590, Sworn Closing Statement, Summary Proceeding Small Estates](#)

Most recent update: (6/23) version

Use of existing paper stock: (9/07) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions include removing the notarization block and adding verification language from MCR 1.109(D)(3)(b). Additionally, formatting changes were made to meet new form standards.

[PC 591, Sworn Statement to Close Unsupervised Administration](#)

Most recent update: (6/23) version

Use of existing paper stock: (9/11) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions include removing the notarization block and adding verification language from MCR 1.109(D)(3)(b). Additionally, formatting changes were made to meet new form standards.

[PC 599, Memorandum of Administrative Closing](#)

Most recent update: (6/23) version

Use of existing paper stock: (9/03) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

The checkboxes on items 1, 2, and 3 were moved to accurately reflect that these items are optional. Additionally, formatting changes were made to meet new form standards.

[PC 634, Annual Report of Guardian on Condition of Legally Incapacitated Individual](#)

Most recent update: (6/23) version

Use of existing paper stock: (10/20) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions include modifying the note in item 14 to reference the use of form PC 675.

[PC 635, Order Appointing Person to Review/Investigate Guardianship](#)

Most recent update: (6/23) version

Use of existing paper stock: (10/14) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions were made to clarify the filing and service requirements under MCR 5.404(A)(2). Additionally, formatting changes were made to meet new form standards.

[PC 654, Annual Report of Guardian on Condition of Minor](#)

Most recent update: (6/23) version

Use of existing paper stock: (12/22) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

A use note was added to clarify the filing and service responsibilities of the guardian.

[PC 688, Order of Investigation and Notice of Hearing on Guardianship of Indian Child](#)

Most recent update: (6/23) version

Use of existing paper stock: (6/21) version of the form cannot be used after July 31, 2023

- [Click here to see the form.](#)

Revisions were made to clarify the filing and service requirements under MCR 5.404(A)(2).



STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

JUDGMENT OF SENTENCE
COMMITMENT TO
DEPARTMENT OF CORRECTIONS

CASE NO. and JUDGE

ORI
MI-

Court address

Court telephone no.

Police Report No.

THE PEOPLE OF

The State of Michigan

Prosecuting attorney's name _____ Bar no. _____

v

Defendant's name, address, and telephone no.

CTN/TCN	SID	DOB
---------	-----	-----

Defendant attorney's name _____ Bar no. _____

THE COURT FINDS:

1. The defendant was found guilty on _____ of the crime(s) stated below.

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court, or "NP" for dismissed by prosecutor/plaintiff.

- 2. The conviction is reportable to the Secretary of State under MCL 257.625(21)(b). _____ Defendant's driver's license number
- 3. HIV testing is required and has been completed. Sex offender registration is required and has been completed.
- 4. The defendant has been fingerprinted according to MCL 28.243.
- 5. A DNA sample is already on file with the Michigan State Police from a previous case. No assessment is required.

IT IS ORDERED:

- 6. Probation is revoked.
- 7. Participating in a special alternative incarceration unit is prohibited. permitted.
- 8. The defendant is sentenced to custody of the Michigan Department of Corrections. This sentence shall be executed immediately.

Count	SENTENCE DATE	MINIMUM			MAXIMUM			DATE SENTENCE BEGINS	JAIL CREDIT		OTHER INFORMATION
		Years	Mos.	Days	Years	Mos.	Days		Mos.	Days	

Page added

9. Sentence(s) to be served consecutively to (If this item is not checked, the sentence is concurrent.)

each other. case numbers _____

10. The defendant shall pay:

State Minimum	Crime Victim	Restitution	DNA Assess.	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$	\$	\$	\$	\$	\$	\$	\$	\$

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed.

11. The defendant is subject to lifetime monitoring under MCL 750.520n.

12. Court recommendation:

Judge signature and date

I certify that this is a correct and complete abstract from the original court records. The sheriff shall, without needless delay, deliver the defendant to the Michigan Department of Corrections at a place designated by the department.

(SEAL)

Deputy court clerk signature and date

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	ORDER COMMITTING JUVENILE TO MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES	CASE NO. and JUDGE
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ORI- MI Police Report No. Court address Court telephone no.

THE PEOPLE OF THE STATE OF MICHIGAN
Prosecuting attorney name Bar no.

v

Juvenile's name, address, and telephone no.		
CTN/TCN	SID	DOB
Juvenile's attorney name		Bar no.

THE COURT FINDS:

1. The juvenile was found guilty on _____ of the crime(s) stated below.
Date

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

- 2. The conviction is reportable to the Secretary of State (under MCL 257.625[21][a]), MCL 257.732, MCL 324.80131, MCL 324.81134[20], or MCL 324.82157). The juvenile's driver's license number is _____ .
- 3. Licensing sanction reportable to State Police (under MCL 257.625[21][b]).
 - Revoked. Suspended _____ days Restricted _____ days.
- 4. HIV testing is required and has been completed. Sex offender registration is required and has been completed.
- 5. The juvenile has been fingerprinted according to MCL 28.243.
- 6. A DNA sample is already on file with the Michigan State Police from a previous petition/case. No assessment is required.

IT IS ORDERED:

7. The juvenile is placed on probation and committed to the Michigan Department of Health and Human Services pursuant to MCL 803.301 *et seq.* (See separate order for probation.)

8. The Director of the Michigan Department of Health and Human Services is appointed special guardian to receive any benefits now due or to become due to the juvenile from the government of the United States.

9. Pending transfer to the Michigan Department of Health and Human Services, temporary custody is as follows:

10. The juvenile is initially placed in the home with _____
Name of facility
in a treatment program as follows:

11. The Michigan Department of Health and Human Services shall forward to the court a semiannual progress report on the juvenile (MCL 803.223).

12. The Michigan Department of Health and Human Services shall notify the court at least 91 days before the juvenile's 19th birthday of the need to schedule a commitment review hearing (MCL 769.1b).

13. The Michigan Department of Health and Human Services shall forward to the court a commitment review report for the hearing (MCL 803.225).

14. Reimbursement for the cost of care and service shall be paid as follows:

15. The juvenile shall pay:

State Minimum	Crime Victim	Restitution	DNA Assess.	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$	\$130.00	\$	\$	\$	\$	\$	\$	\$

16. Other:

Judge signature and date

STATE OF MICHIGAN

DEMAND FOR POSSESSION
TERMINATION OF TENANCY DUE TO
UNLAWFUL DRUG ACTIVITY ON
PREMISES, Landlord-Tenant

A

To: _____

B 1. The landlord/landlady, _____, is terminating your tenancy and
Name (type or print)
wants to evict you from:

C Address or description of premises rented (if different from mailing address)

because you have willfully or negligently caused unlawful drug activity at the leased premises.

2. You must move within 24 hours from the date this notice was served or the landlord/landlady may take you to court to evict you.
3. If your landlord/landlady takes you to court to evict you, you will have the opportunity to present reasons why you believe you should not be evicted.
4. If you believe you have a good reason why you should not be evicted, you may have a lawyer advise you. Call him or her soon.

D _____
Date
Signature of owner of premises or agent

Address
City, state, zip Telephone no.

CERTIFICATE OF SERVICE

E I certify that on _____ I served this notice on _____
Date Name

- by delivering it personally to the person in possession.
 delivering it on the premises to a member of his/her family or household or an employee of suitable age and discretion with a request that it be delivered to the person in possession.
 first-class mail addressed to the person in possession.
 electronic service to the person in possession (who has consented in writing to such service) at the following electronic service address: _____

I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

STATE OF MICHIGAN

**DEMAND FOR POSSESSION
TERMINATION OF TENANCY DUE TO
UNLAWFUL DRUG ACTIVITY ON
PREMISES, Landlord-Tenant**

To: _____

L _____

1. The landlord/landlady, _____, is terminating your tenancy and
Name (type or print)
wants to evict you from:

Address or description of premises rented (if different from mailing address)

because you have willfully or negligently caused unlawful drug activity at the leased premises.

2. You must move within 24 hours from the date this notice was served or the landlord/landlady may take you to court to evict you.
3. If your landlord/landlady takes you to court to evict you, you will have the opportunity to present reasons why you believe you should not be evicted.
4. If you believe you have a good reason why you should not be evicted, you may have a lawyer advise you. Call him or her soon.

Date

Signature of owner of premises or agent

Address

City, state, zip

Telephone no.

HOW TO GET LEGAL HELP

1. Call your own lawyer.
2. If you do not have an attorney but have money to retain one, you may locate an attorney through the State Bar of Michigan Lawyer Referral Service at 1-800-968-0738 or through a local lawyer referral service. Lawyer referral services should be listed in the yellow pages of your telephone directory or you can find a local lawyer referral service at www.michbar.org.
3. If you do not have an attorney and cannot pay for legal help, you may qualify for assistance through a local legal aid office. Legal aid offices should be listed in the yellow pages of your telephone directory or you can find a local legal aid office at www.michiganlegalhelp.org. If you do not have Internet access at home, you can access the internet at your local library.

Form DC 100e

DEMAND FOR POSSESSION TERMINATION OF TENANCY DUE TO UNLAWFUL DRUG ACTIVITY ON PREMISES

Use this form to give notice to a tenant when you want to start eviction proceedings against a tenant for unlawful drug activity on premises.

NOTICE CHECKLIST

Use the following checklist to make sure you have done all the steps that are needed.

DID YOU . . .

1. Make sure your lease contains a clause providing for termination of tenancy for illegal drug activity on the premises? If it does not, you cannot evict for unlawful drug activity on the premises. YES
2. Make sure a police report was filed alleging that the tenant or some other person under the tenant's control has unlawfully manufactured, delivered, or possessed illegal drugs on the leased premises? If not, you cannot evict for unlawful drug activity on the premises. YES
3. Complete the notice form? YES
4. Sign the notice form? YES
5. Deliver the "Tenant's copy" of the notice to the tenant? YES
6. Keep the "Court copy" of the notice for yourself? YES

If you cannot answer "yes" to all the above steps, you may have problems in your court case if you file a complaint with the court to evict a tenant.

If you have questions about any step in the process, refer to page 3 of this booklet for details.

**INSTRUCTIONS FOR USING FORM DC 100e
COMPLETING AND DELIVERING A DEMAND FOR POSSESSION**

»» DEFINITION

Demand for Possession, Termination of Tenancy Due to Unlawful Drug Activity on Premises

This particular demand for possession is used when the landlord has terminated the tenancy and wants the tenant to move out or vacate the premises because of unlawful drug activity on the rental property. This form can only be used if a formal police report has been filed alleging unlawful drug activity on the leased premises.

»» PREPARING THE NOTICE

Complete the form using the instructions on page 4.

»» GETTING NOTICE TO THE TENANT

1. Serving (Delivering) the Notice

You must "serve" the "Tenant's copy" of the demand for possession on the tenant. This can be done in one of four ways.

- delivering it personally to the tenant,
- delivering it on the premises to a member of the tenant's family or household, or an employee of the tenant, who is capable of understanding your instruction to deliver it to the tenant, with a request that it be delivered to the tenant,
- sending it first-class mail addressed to the tenant at his or her last known address, or
- e-mailing it, if the tenant has consented in writing to electronic service.

Some examples of improper service are slipping the demand under the tenant's door, leaving the demand outside the tenant's door, attaching the demand to the property, or mailing the demand by methods that require a signature.

2. Complete the Certificate of Service

Complete the Certificate of Service on the "Court copy" of the demand for possession using the instructions on page 4. This copy is for your records. Keep it in a safe place because you may need it later if you have to file a complaint for eviction with the court.

INSTRUCTIONS FOR COMPLETING "DEMAND FOR POSSESSION, TERMINATION OF TENANCY DUE TO UNLAWFUL DRUG ACTIVITY ON PREMISES"

Please print neatly. After filling in the form, you will need to print both copies of the form.

Items A through D must be completed before delivering your demand to the tenant. Please read the instruction for each item. Then fill in the correct information for that item on the form.

- A** Write in the name of the tenant and the address where you will be delivering the demand. This address may be where the tenant lives or does business and it may be different than the address of the rental property.
- B** Write your name in the line that says "Name (type or print)."
- C** Write in the box the complete address or a complete description of the rental property if different than the mailing address in **A** above. If this address is the same as the mailing address, write in the box "Same as mailing address."
- D** Write in the date, sign your name, and write in your address and telephone number.

Deliver the Tenant's copy to the tenant.

Read page 3 of this packet for details on delivering this notice to the tenant.

- E** On the date you deliver the demand, write in the date. Write in the name of the person to whom you delivered the demand. Check the box in front of the statement that best describes how you delivered the demand. Sign your name.

You should read this booklet for directions on the legal process.



STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

REFERRAL ORDER

CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Attorney:
v

Defendant's name, address, and telephone no.

Attorney:

- 1. An investigation was requested by one of the parties.
- 2. The court finds there is a final order or judgment and
 - a. proper cause has has not been shown. (Applies to item 4.a only).
 - b. there has has not been a change in circumstances that warrants an investigation regarding
 - custody. parenting time.
- 3. There is no final order regarding custody, parenting time, and child support.

THE COURT ORDERS:

- 4. Referral to the referee for
 - a. a hearing regarding custody. parenting time. support.
 - b. a determination whether there is proper cause or a change in circumstances in custody or parenting time.
- 5. Referral to the friend of the court for
 - a. investigation regarding custody. parenting time. support.
 - b. a joint meeting.
 - c. friend of the court domestic relations mediation
 - d. facilitative and information-gathering conference
 - e. support review.
 - f. other:
- 6. Psychological evaluation of the parties and/or child(ren) as described in item 8.
- 7. Motion is denied.
- 8. Other:



Judge signature and date

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

21-DAY NOTICE TO ALLEGED
VIOLATOR OF CUSTODY OR
PARENTING TIME PROVISIONS

CASE NO. and JUDGE

Friend of the court address

Telephone no.

Plaintiff's name, address, and telephone no.

Defendant's name, address, and telephone no.

TO: _____
Respondent

(This notice is for the respondent. A copy is sent to the complaining party for his/her information only.)

1. Date of notice: _____

2. The friend of the court initiates enforcement of custody and parenting time orders and may do one of the following:

- Apply makeup parenting time.
- Commence civil contempt proceedings.
- File a motion with the court for a modification of existing parenting time order.
- Schedule mediation.
- Schedule a joint meeting.

3. The attached written complaint was filed with this office alleging the following:

4. **FAILURE TO RESPOND IN WRITING TO THE OFFICE OF THE FRIEND OF THE COURT WITHIN 21 DAYS AFTER THIS NOTICE WAS SENT SHALL BE CONSIDERED AS AN AGREEMENT THAT PARENTING TIME WAS WRONGFULLY DENIED AND THAT MAKEUP PARENTING TIME WILL BE APPLIED.**

5. Friend of the court domestic relations mediation is available to resolve the dispute. Contact the friend of the court for more information.
6. You have the right to file a motion to modify the parenting time order.
7. When you contact this office, state that you are responding to this 21-day notice. Have this form with you.
8. If you require 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. When contacting the court, provide your case number(s).

FRIEND OF THE COURT

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Current support recipient's name and address

Attorney:

v

Defendant's name, address, and telephone no.

Proposed support recipient's name and address

Attorney:

1. Based on your most recent support order dated _____, the friend of the court will be taking the following action regarding support charges unless a written objection is filed with the friend of the court:

Redirection of Support:

The current support ordered for the minor child(ren) will be sent to _____, the person providing the actual care, support, and maintenance of the minor child(ren).

Abatement of Support (living with Payer):

The current support ordered for the minor child(ren) will be abated because it is reported that the minor child(ren) are residing full-time with the payer of support.

Abatement of Support (Payer Incarcerated):

The current support for the minor child(ren) will be abated to zero because it is reported that the payer will be incarcerated for at least 180 consecutive days and cannot pay the amount ordered.

Abatement of Support (Payer Incapacitated):

The current support ordered for the minor child(ren) will be abated to zero because it is reported that the payer will be incapacitated for at least 180 days due to injury or illness and cannot pay the amount ordered.

2. This change is effective on _____ and redirects or stops support charges for _____

Date

_____ with regard to the following children:

Payer's name

3. This change will take place unless the friend of the court receives a written objection within 21 days of the mailing of this notice. Objections must state mistake of identity or mistake of fact such as the child does not live with the person listed, the payer has the ability to pay, or the payer will not be incarcerated or incapacitated for 180 days or more.
4. If an objection is filed within 21 days, the friend of court will review it, and send you additional information.

Date

Friend of the court/Authorized representative

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this notice to the parties or their attorneys and the person(s) named above by first-class mail addressed to their last-known addresses as defined in MCR 3.203. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

NOTICE FOLLOWING REVIEW OF
REDIRECTION OR ABATEMENT
OF CHILD SUPPORT

CASE NO. and JUDGE

Court address

Court telephone no.

Plaintiff's name, address, and telephone no.

Current support recipient's name and address

Attorney:

v

Defendant's name, address, and telephone no.

Proposed support recipient's name and address

Attorney:

1. The friend of the court reviewed the redirection abatement proposed in a notice mailed on _____ .
 currently in effect. Date
2. The friend of the court finds that (select all that apply)
 a. an objection was was not filed within the 21-day objection period.
 b. there was was not a mistake of fact or identity.
 c. new information was discovered.
 d. conditions have changed and abatement redirection should end.
 e. other: _____
3. Based on these findings, the friend of the court has determined that (select all that apply)
 a. support charges will be will not be redirected to a new recipient. abated to zero.
 reinstated effective _____ .
Date
 b. a review of the ordered support amounts should be started. The office will be requesting information to complete that review shortly.
 c. other: _____
4. The payer or recipient of support may object to this review determination by filing a motion in the court that issued the support order within 21 days after this review determination notice. The motion to change support form is available through the friend of the court office and michiganlegalhelp.org.

_____ Date

_____ Friend of the court/Authorized representative

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this notice to the parties or their attorneys and the person with whom the minor child(ren) is/are living by first-class mail addressed to their last-known addresses as defined in MCR 3.203.

_____ Date

_____ Signature

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER OF DISPOSITION, IN-HOME (DELINQUENCY PROCEEDINGS)	CASE NO. PETITION NO. JUDGE
--	--	--

ORI _____ Court address _____ Court telephone no. _____
 MI- _____

CTN/TCN	SID	DOB
---------	-----	-----

In the matter of _____
 First and last name(s), alias(es)

1. Date of hearing: _____ Judge/Referee: _____

2. Notice of hearing for the disposition was given as required by law.

3. The juvenile has appeared in court in person with parent(s), guardian, legal custodian, guardian ad litem, and
 was represented by an attorney. waived representation by an attorney.

4. An adjudication was held and the court determined that the juvenile committed the following offense(s) and/or the following offense(s) has/have been dismissed:

Count	ADJUDICATED BY			DISMISSED By*	ALLEGATIONS	CHARGE CODE(S) MCL Citation/PACC Code
	Plea*	Court	Jury			

*For plea, insert "A" for admission or "NC" for nolo contendere. For dismissal, insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

5. Specific findings of fact and law regarding this proceeding have been made on the record.

6. HIV testing is required and has been completed. Sex offender registration is required and has been completed.

7. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.

8. The juvenile's biometric data has been collected in accordance with MCL 28.243.

9. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), or MCL 324.82157.

The juvenile's driver's license number is _____ .

10. The licensing sanction is reportable to the Michigan State Police under MCL 257.625(21)(b).

Revoked. Suspended _____ days. Restricted _____ days.

IT IS ORDERED: Use Note: If the juvenile is placed in foster care or other out-of-home placement, use form JC 14b.

11. _____ is warned and the petition is dismissed.*
Name (type or print)

12. The juvenile is placed on probation. Probation terms are attached. specified in a separate order of probation.

13. Financial obligations are ordered as follows:

a. The juvenile shall pay \$25.00 for Crime Victim's Rights Fund. State minimum costs _____ .
Specify for each count

\$ _____ DNA assessment (not required if item 7 is checked). \$ _____ Fine (as provided by law).

b. Restitution as follows: (See MCL 780.794. Specify payor.)

c. Reimbursement as follows: (For example, cost of care. Specify payor.)

d. Other: (For example, attorney fees, fines, or other. Specify payor.)

e. Fines, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. The due date for payment is _____ .

14. Other:

15. The review hearing is _____ .
Date and time

16. The petition is dismissed.*

Recommended by: _____
Referee signature and date

Judge signature and date

*Note: Check 11 only if all or some of the material allegations are sustained. Check 16 only if all of the material allegations are not sustained.

Upon disposition of a juvenile offense as defined pursuant to MCL 28.241a(h), the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition as required by MCL 712A.18(11).

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER OF DISPOSITION, OUT-OF-HOME (DELINQUENCY PROCEEDINGS)	CASE NO. PETITION NO. JUDGE
--	--	--

ORI _____ Court address _____ Court telephone no. _____
 MI- _____

In the matter of _____ <small>First and last name(s), alias(es)</small>	CTN/TCN	SID	DOB
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1. Date of hearing: _____ Judge/Referee: _____
2. Notice of hearing for the disposition was given as required by law.
3. The juvenile has appeared in court in person with parent(s), guardian, legal custodian, guardian ad litem, and
 was represented by an attorney. waived representation by an attorney.
4. An adjudication was held and the court determined that the juvenile committed the following offense(s) and/or the following offense(s) has/have been dismissed:

Count	ADJUDICATED BY			DISMISSED By*	ALLEGATIONS	CHARGE CODE(S) MCL Citation/PACC Code
	Plea*	Court	Jury			

*For plea, insert "A" for admission or "NC" for nolo contendere. For dismissal, insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

5. Specific findings of fact and law regarding this proceeding have been made on the record.
6. HIV testing is required and has been completed. Sex offender registration is required and has been completed.
7. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.
8. The juvenile's biometric data has been collected in accordance with MCL 28.243.
9. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), or MCL 324.82157.

The juvenile's driver's license number is _____ .

Upon disposition of a juvenile offense as defined pursuant to MCL 28.241a(h), the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition as required by MCL 712A.18(11).

Reference Note: The term "department" refers to the Michigan Department of Health and Human Services.

10. The licensing sanction is reportable to the Michigan State Police under MCL 257.625(21)(b).
- Revoked. Suspended _____ days. Restricted _____ days.
11. Return of the juvenile to his or her parent would cause a substantial risk of harm to the juvenile or society.
12. The juvenile must be placed in an institution outside Michigan because
- a. institutional care is in the best interests of the juvenile,
 - b. equivalent facilities to meet the juvenile's needs are not available within Michigan, and
 - c. the placement will not cause undue hardship.
13. It is contrary to the welfare of the juvenile to remain in the home because:
14. a. Reasonable efforts to prevent removal of the juvenile from the home were not made.
- b. Reasonable efforts were made prior to the placement of the juvenile in foster or other out-of-home care, to prevent or eliminate the need for removing the juvenile from his/her home. Those efforts include: (Specify.)
15. a. Reasonable efforts shall be made to preserve and reunify the family to make it possible for the juvenile to safely return home.
- b. Reasonable efforts shall not be made to preserve and reunify the family because it would be detrimental to the juvenile's health and safety.
- c. Reasonable efforts to preserve and reunify the family were not previously required, but due to a change in circumstances, reasonable efforts are now required. Those reasonable efforts have begun and include: (Specify reasonable efforts, and if applicable, the reasons for return.)

***Note:** Contrary to the welfare findings (item 13) must be made when the juvenile is initially removed, and if returned home, at any subsequent removal. Reasonable efforts findings (items 14 and 15) must be made within 60 days of the removal of the juvenile from the home, and if returned home, at any subsequent removal.

IT IS ORDERED:

16. The juvenile is placed in the temporary custody of this court.

17. a. The juvenile is placed with _____
Name of relative or court-supervised foster care home

b. The juvenile is referred to the department for placement and care under MCL 400.55(h).

c. The juvenile is placed in and shall satisfactorily complete the juvenile boot camp program established by the department. After satisfactorily completing the program, the juvenile shall be placed in the home of _____

and shall complete a minimum of 120 to a maximum of 180 days of intensive supervised probation in the community.

d. The juvenile is committed to the department under MCL 803.301 (Y.R.A.). The director of the department is appointed special guardian to receive any benefits now due or to become due to the juvenile from the government of the United States. Pending transfer to the department, temporary placement is as follows:

18. The juvenile is placed on probation. Probation terms are attached. specified in a separate order of probation.

19. Financial obligations are ordered as follows:

a. The juvenile shall pay \$25.00 for Crime Victim's Rights Fund. State minimum costs _____
Specify for each count

\$ _____ DNA assessment (not required if item 7 is checked). \$ _____ Fine (as provided by law).

b. Restitution as follows: (See MCL 780.794. Specify payor.)

c. Reimbursement as follows: (For example, cost of care. Specify payor.)

d. Other: (For example, attorney fees, fines, or other. Specify payor.)

e. Fines, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. The due date for payment is _____.

20. Other: (Include reimbursement as required by MCL 712A.18[2] or as permitted by MCL 769.1f.)

21. The review hearing is _____
Date and time

Recommended by:

Referee signature and date

Judge signature and date

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	JUDGMENT OF SENTENCE <input type="checkbox"/> COMMITMENT TO JAIL (DESIGNATED CASE)	CASE NO. PETITION NO. JUDGE
--	---	--

ORI _____ Court address _____ Court telephone no. _____
 MI- _____

CTN/TCN	SID	DOB
---------	-----	-----

In the matter of _____
 First and last name(s), alias(es)

1. Date of hearing: _____ Judge: _____

THE COURT FINDS:

2. The juvenile was found guilty on _____ of the crime(s) as stated below.
 Date

Count	CONVICTED BY			DISMISSED By*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court, or "NP" for dismissed by prosecutor/plaintiff.

3. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), or MCL 324.82157.

The juvenile's driver's license number is _____ .

4. The licensing sanction is reportable to the Michigan State Police under MCL 257.625(21)(b).

Revoked. Suspended _____ days. Restricted _____ days.

5. HIV testing is required and has been completed. Sex offender registration is required and has been completed.

6. The juvenile's biometric data has been collected according to MCL 28.243 for all offenses punishable by 93 days or more.

7. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.

8. Specific findings of fact and law, including findings regarding each factor in MCL 712A.18(1)(o), were made on the record.

9. The best interests of the public would be served by sentencing the juvenile as an adult.

10. The juvenile used a firearm in committing the crime. Jail time should be credited toward required detention.

11. The order delaying sentence dated _____ should be revoked and sentence imposed.

IT IS ORDERED:

12. The juvenile is sentenced to jail as follows: Report at _____ .
Time

Count	Date Sentence Begins	Sentenced		Credited		To Be Served		Release Authorized for the Following Purpose	Release Period	
		Mos.	Days	Mos.	Days	Mos.	Days		From	To
								<input type="checkbox"/> Upon payment of fine and costs.....		
								<input type="checkbox"/> To work or seek work.....		
								<input type="checkbox"/> For attendance at school.....		
								<input type="checkbox"/> For medical treatment.....		
								<input type="checkbox"/> Other: _____		

13. The juvenile shall pay as follows: (Specify fine and minimum state costs for each count, restitution, crime victim rights fund, reimbursement, attorney fees, and other costs. If item 7 is not checked, specify DNA assessment. Parental reimbursement, if any, may be entered on a separate order.)

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. If the juvenile is not able to pay due to financial hardship, contact the court immediately to request a payment alternative. MCR 6.425(D)(3).

The juvenile shall serve _____ days in jail for failure to pay on time, as part of a conditional sentence. Prior to enforcement of jail time for failing to pay, the court must determine the juvenile's ability to pay.

14. The juvenile shall be placed on probation for _____ months and abide by the terms of probation. (See separate order or JC 74.)

15. Other:

16. The juvenile shall complete the following rehabilitative services.
 Alcohol Highway Safety Education
 Treatment (outpatient, inpatient, residential, mental health)

Specify: _____

 Judge signature and date

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	JUDGMENT OF SENTENCE COMMITMENT TO DEPARTMENT OF CORRECTIONS (DESIGNATED CASE)	CASE NO. PETITION NO. JUDGE
---	---	--

ORI _____ Court address _____ Court telephone no. _____
 MI- _____

In the matter of _____
First and last name(s), alias(es)

CTN/TCN	SID	DOB
---------	-----	-----

1. Date of hearing: _____ Judge: _____

THE COURT FINDS:

2. The juvenile was found guilty on _____ of the crime(s) as stated below.
Date

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC CODE
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

3. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), or MCL 324.82157.

The juvenile's driver's license number is _____ .

4. The licensing sanction is reportable to the Michigan State Police under MCL 257.625(21)(b).

Revoked. Suspended _____ days. Restricted _____ days.

5. HIV testing is required and has been completed. Sex offender registration is required and has been completed.

6. The juvenile's biometric data has been collected according to MCL 28.243 for all offenses punishable by 93 days or more.

7. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.

8. Specific findings of fact and law, including findings regarding each factor in MCL 712A.18(1)(o), were made on the record.

9. The best interests of the public would be served by sentencing the juvenile as an adult.

10. The juvenile used a firearm in committing the crime.

11. The order delaying sentence dated _____ should be revoked and sentence imposed.

IT IS ORDERED:

12. The juvenile is committed to the custody of Michigan Department of Corrections. This sentence shall be executed immediately.

Count	SENTENCE DATE	MINIMUM			MAXIMUM		DATE SENTENCE BEGINS	CREDIT		OTHER INFORMATION
		Years	Mos.	Days	Years	Mos.		Mos.	Days	

13. The sentence(s) are to be served consecutively to _____ (If this item is not checked, the sentence is concurrent.)
 each other. case numbers _____ .

14. The juvenile shall pay as follows: (Specify fine and minimum state costs for each count, restitution, crime victim rights fund, reimbursement, attorney fees, and other costs. If item 7 is not checked, specify DNA assessment. Parental reimbursement, if any, may be entered on a separate order.)

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. If the juvenile is not able to pay due to financial hardship, contact the court immediately to request a payment alternative. MCR 6.425(D)(3).

15. Court recommendation: _____

 Judge signature and date

I certify that this is a correct and complete abstract from the original court records. The sheriff shall, without needless delay, deliver the juvenile to the Michigan Department of Corrections at a place designated by the department.

(SEAL) _____
 Deputy court clerk signature and date

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER DELAYING SENTENCE (DESIGNATED CASE)	CASE NO. PETITION NO. JUDGE
--	--	--

ORI _____ Court address _____ Court telephone no. _____
 MI- _____

In the matter of _____
First and last name(s), alias(es)

CTN/TCN	SID	DOB
---------	-----	-----

1. Date of hearing: _____ Judge _____

THE COURT FINDS:

2. A judgment of conviction for the following offense(s) was entered on _____ .
Date

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

3. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), or MCL 324.82157.

The juvenile's driver's license number is _____ .

4. The licensing sanction is reportable to the Michigan State Police under MCL 257.625(21)(b).

Revoked. Suspended _____ days. Restricted _____ days.

5. HIV testing is required and has been completed. Sex offender registration is required and has been completed.

6. The juvenile's biometric data has been collected according to MCL 28.243 for all offenses punishable by 93 days or more.

7. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.

8. Specific findings of fact and law, including findings regarding each factor in MCL 712A.18(1)(o), were made on the record.

9. The best interests of the public would be served by sentencing juvenile as an adult. A sentence of imprisonment should be delayed.

10. The juvenile used a firearm in committing the crime and must be placed in detention.

IT IS ORDERED:

11. The sentence of imprisonment is delayed until further order of the court.

12. The juvenile is placed on probation in the temporary custody of the court. (See separate order.)

13. The juvenile is placed in and shall satisfactorily complete the juvenile boot camp program established by the Michigan Department of Health and Human Services. After satisfactorily completing the program, the juvenile shall be placed in the home of _____ under the supervision of _____ and shall complete a minimum of 120 to a maximum of 180 days of intensive supervised probation in the community.
14. The juvenile shall pay as follows: (Specify fine and minimum state costs for each count, restitution, crime victim rights fee, reimbursement, attorney fees, and other costs. If item 7 is not checked, specify DNA assessment. Parental reimbursement, if any, may be entered on a separate order.)

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. If the juvenile is not able to pay due to financial hardship, contact the court immediately to request a payment alternative. MCR 6.425(D)(3).

15. A service fee shall be paid as follows: _____.

16. The juvenile is committed to _____ detention facility for _____ days commencing _____. The director or designee of the custodial facility is authorized to obtain and consent to routine, nonsurgical medical and dental care for the juvenile and emergency medical, dental, and surgical treatment of the juvenile.

17. Other:

18. Review hearing: _____

┌

Judge signature and date

NOTICE: Violation of probation may result in this order being revoked and a term of imprisonment ordered.

NOTE: Contrary to the welfare and reasonable efforts findings only need to be made if the findings had not already been made at a prior hearing and this is the first time the juvenile has been removed from the home.



STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PUBLICATION OF HEARING (NOTICE TO PUTATIVE FATHER)	CASE NO. PETITION NO. JUDGE
--	---	--

Court address

Court telephone no.

IN MATTER OF:

TAKE NOTICE:

A petition has been filed with this court regarding the following minor(s):

_____ who was born on _____
 at _____ .

The mother of the minor(s) is _____. If you are or
 may be the natural father, you should appear at _____
 on _____ at _____ to state any interest you may have in the minor(s).

Failure to appear at this hearing is a denial of interest in the minor(s), waiver of notice for all subsequent hearings,
 and a waiver of a right to appointment of an attorney. Failure to appear at this hearing **COULD RESULT IN**
PERMANENT TERMINATION OF PARENTAL RIGHTS.

PUBLISH ABOVE INFORMATION ONLY

NOTE: To use this form for more than one minor, use the blank space to insert the name of each additional minor and the date and place of that minor's birth.

Publish _____ time(s) _____

Furnish _____ copies to _____

Forward statement for publication charges and publisher's affidavit to _____

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ANNUAL REPORT OF JUVENILE GUARDIAN ON CONDITION OF CHILD	CASE NO. PETITION NO. JUDGE
---	---	--

Court address _____

Court telephone no. _____

In the matter of _____
First and last name(s), alias(es)

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward, if 11 years of age or older, and all parties entitled to notice, including the appropriate Indian child's tribe, if any, as required by MCR 3.979 and MCR 3.921. Then, the guardian must complete a proof of service (form JC 12a or JC 12b), and file it and this report with the court.

1. I, _____, am the juvenile guardian of the child named above and
Name (type or print)
 my annual report for the period _____ to _____ is as follows:
Date Date

2. Living Arrangement

a. Current address and telephone number of the child: _____

b. The child has been in the present residence since _____. If moved within the past year,
 state the changes and the reasons for change: Date

3. Physical Health

The child's current physical condition is excellent. good. fair. poor.
 During the past year the child received the following medical treatment, including check-ups, optical, and dental work.
 (Specify each date, ailment, type of treatment, and doctor's name.)

4. Mental Health

The child's current mental condition is excellent. good. fair. poor.
 During the past year the child received the following mental health services.
 (Specify any prescribed medications, treatment received, and doctor's name.)

5. Education

State whether the child regularly attends school, where the child attends school, and what grade the child attends. If the child attends alternative education, state where and the grade. If the child does not attend school, explain why.

6. Activities

Describe the child's involvement in social, religious, and sports activities.

7. Parenting Time

Describe any parenting time between the child and his/her parents. Provide the address for each parent. Describe anything about the parenting time you believe is important for the court to know.

8. Other

State any information about the child that you believe is important for the court to know, such as special awards or recognition the child has received, any special needs the child may have not otherwise stated above, any contact with law enforcement or child protective services, etc.

Date

Signature of juvenile guardian

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	JUDGMENT OF SENTENCE <input type="checkbox"/> COMMITMENT TO JAIL	CASE NO. and JUDGE
--	---	---------------------------

ORI _____ Court address _____ Court telephone no. _____
MI- _____

Police Report No.

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____

v

Defendant's name, address, and telephone no.		
CTN/TCN	SID	DOB

THE COURT FINDS:

1. The defendant was found guilty on _____ of the crime(s) stated below:
Date _____

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty pleas, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court, or "NP" for dismissed by prosecutor/plaintiff.

2. The defendant was represented by an attorney: _____
 was advised of right to counsel and appointed counsel and knowingly, intelligently, and voluntarily waived that right.

3. Conviction reportable to Secretary of State.** The defendant's driver's license number is _____.

4. Sanctions are reportable to State Police.** Revoked. Suspended _____ days. Restricted _____ days.

5. HIV testing is required and has been completed. Sex offender registration is required and has been completed. **(see page 2)

6. The defendant has been fingerprinted according to MCL 28.243.

7. A DNA sample is already on file with the Michigan State Police from a previous case. No assessment is required.

IT IS ORDERED:

8. Probation is revoked.

9. Deferred status is revoked. HYTA status is revoked.

IT IS ORDERED (continued):

10. The defendant is sentenced to jail as follows: Report at _____ Time _____.

Count	Date Sentence Begins	Sentenced		Credited		To Be Served		Release Authorized for the Following Purpose	Release Period	
		Mos.	Days	Mos.	Days	Mos.	Days		From	To
								<input type="checkbox"/> Upon payment of fine and costs.....		
								<input type="checkbox"/> To work or seek work.....		
								<input type="checkbox"/> For attendance at school.....		
								<input type="checkbox"/> For medical treatment.....		
								<input type="checkbox"/> Other: _____		

11. Sentence(s) to be served consecutively to (If this item is not checked, the sentence is concurrent.)

each other. case number(s) _____.

12. The defendant shall pay:

State Minimum	Crime Victim	Restitution	DNA Assess.	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$	\$	\$	\$	\$	\$	\$	\$	\$

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative. MCR 6.425(D)(3).

The defendant shall serve _____ days in jail for failure to pay on time, as part of a conditional sentence. Prior to enforcement of jail time for failing to pay, the court must determine the defendant's ability to pay.

13. The defendant shall be placed on probation for _____ months and abide by the terms of probation. (See separate order.)

14. The defendant shall complete the following rehabilitative services.
 Alcohol Highway Safety Education Treatment (outpatient, inpatient, residential, mental health).
 Specify:

15. Other:

16. The vehicle used in the offense shall be immobilized or forfeited. (See separate order.)

 Judge/Magistrate signature and date

**Currently convictions are reportable to the Secretary of State under:
 • MCL 257.625(21)(a)
 • MCL 257.732
 • MCL 324.80131
 • MCL 324.81134(20)
 • MCL 324.82157
 **Sanctions are reportable to the State Police under:
 • MCL 257.625(21)(b)

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ASSIGNMENT TO YOUTHFUL TRAINEE STATUS	CASE NO. and JUDGE
--	--	---------------------------

ORI _____ Court address _____ Court telephone no. _____
MI- _____

Police Report No. _____

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v	Defendant's name, address, and telephone no. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">CTN/TCN</td> <td style="width:33%;">SID</td> <td style="width:33%;">DOB</td> </tr> </table>	CTN/TCN	SID	DOB
CTN/TCN	SID	DOB			

Count	CRIME	CHARGE CODE(S) MCL citation/PACC Code

THE COURT FINDS:

1. The defendant is alleged to have committed a criminal offense, other than one listed in MCL 762.11.
2. The alleged criminal offense was committed on or after the defendant's 18th birthday, but before his/her 26th birthday.
3. The defendant and prosecuting attorney (for ages 21-26) has/have consented to assignment to youthful trainee status.
4. HIV testing is required and has been completed. Sex offender registration is required and has been completed.
5. The defendant has been fingerprinted according to MCL 28.243.

IT IS ORDERED:

6. No judgment of conviction is entered. The defendant is assigned to youthful trainee status and is: (check one option only)
 - a. committed to the department of corrections for custodial supervision and training for a period of _____ in an institutional facility designated by the department for such purposes. The defendant is also placed on probation, to be completed after release from incarceration, for not more than 1 year under the supervision of a department of corrections probation officer. The defendant shall abide by the terms of the attached probation order.
 - b. placed on probation for not more than 3 years under the supervision of a department of corrections probation officer and shall abide by the terms of the attached probation order.
 - c. placed on probation for not more than 2 years under the supervision of a probation officer and shall abide by the terms of the attached probation order.
 - d. committed to the county jail for _____ days beginning _____. Credit is given for _____ days previously served. During this period defendant may be released for the purpose and during the times specified below:
 - seeking work. working at regular employment. attendance at an educational institution.
 Times:
 - The defendant is also placed on probation, to be completed after release from incarceration, for a term not more than 1 year under the supervision of a probation officer. The defendant shall abide by the terms of the attached probation order.
 - e. other: _____

7. The defendant shall pay:

State Minimum	Crime Victim	Restitution	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$	\$	\$	\$	\$	\$	\$	\$

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed. If you are not able to pay due to financial hardship, contact the court immediately to request a payment alternative. MCR 6.425(D)(3).

The defendant shall serve _____ days in jail for failure to pay on time, as part of a conditional sentence. Prior to enforcement of jail time for failing to pay, the court must determine the defendant's ability to pay.

Judge/Magistrate signature and date

Under MCL 762.14 the court clerk, the arresting agency, and the Michigan State Police shall maintain this case as a nonpublic record.
*If the defendant has youthful trainee status and is incarcerated, the court clerk should also advise the incarcerating agency of nonpublic record status.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ORDER DELAYING SENTENCE	CASE NO. and JUDGE
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ORI _____ Court address _____ Court telephone no. _____
MI- _____

Police Report No. _____

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v	Defendant's name, address, and telephone no. <hr/> CTN/TCN _____ SID _____ DOB _____
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THE COURT FINDS:

1. The defendant was found guilty on _____ of the crime(s) stated below:
Date _____

Count	CONVICTED BY			DISMISSED BY*	CRIME	CHARGE CODE(S) MCL citation/PACC Code
	Plea*	Court	Jury			

*Insert "G" for guilty plea, "NC" for nolo contendere, or "MI" for guilty but mentally ill, "D" for dismissed by court, or "NP" for dismissed by prosecutor/plaintiff.

2. Defendant represented by an attorney: _____
 advised of right to counsel and appointed counsel and knowingly, intelligently, and voluntarily waived that right.

3. Conviction reportable to Secretary of State**. _____
Defendant's driver's license number _____

4. HIV testing is required and has been completed. Sex offender registration is required and has been completed.

5. The defendant has been fingerprinted according to MCL 28.243.

6. A DNA sample is already on file with the Michigan State Police from a previous case. No assessment is required.

IT IS ORDERED:

7. The sentence is delayed until _____ . The reason for the delay is:
not to exceed one year

8. The defendant is placed under the supervision of _____ .

9. The defendant shall pay:

State Minimum	Crime Victim	Restitution	DNA Assess.	Court Costs	Attorney Fees	Fine	Other Costs	Total
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

The due date for payment is _____. Fine, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed.

- 10. The defendant shall complete the following rehabilitative services.
 - Alcohol Highway Safety Education
 - Treatment (outpatient inpatient residential mental health)
Specify:

11. The vehicle used in the offense shall be immobilized or forfeited. (See separate order.)

12. Other:

Judge signature and date

NOTE: This is not a final order. At the conclusion of the delay, a final order must be entered.

**Currently, convictions are reportable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(20), and MCL 324.82157.

STATE OF MICHIGAN PROBATE COURT COUNTY	SUPPLEMENTAL TESTIMONY TO IDENTIFY NONHEIR DEVISEES Testate Estate	CASE NO. and JUDGE
Court address _____		Court telephone no. _____

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

*****USE THIS FORM ONLY IF A DEVISEE NAMED IN THE WILL OR CODICIL IS NOT AN HEIR OF THE TESTATOR*****

NOTE: TREAT ALL PERSONS WHO DIED WITHIN 120 HOURS AFTER THE DECEDENT AS IF THEY DID NOT SURVIVE THE DECEDENT. List persons who died within 120 hours after the decedent in item 18 below.

16. The names of all devisees named in the will and codicils who are not heirs of the decedent (include testamentary trustees and beneficiaries of testamentary trusts) are _____

17. Of the devisees listed in 16, the following died before the decedent. Their names and relationships to the decedent are _____

18. The following devisees died within 120 hours after the decedent. Their names, relationships to decedent, and the date and time of their deaths are:

NAME	RELATIONSHIP	DATE OF DEATH	TIME OF DEATH

19. The following are descendants of the predeceased devisees named above, who survived the decedent:

20. Class gifts in the will or codicils, where the members are not specifically identified by name, are as follows:

21. The following devisees named above are under legal disability. Their names, legal disabilities, and names of their representative(s) are

22. The following deceased devisees survived the decedent by more than 120 hours. Their names and the names of those who represent their interests are

23. The guardian ad litem for each devisee under the will and codicils who is unborn, unknown, or unascertainable is

I declare under the penalties of perjury that this supplemental testimony has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Notary block removed

Attorney signature

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY	SWORN STATEMENT TO CLOSE UNSUPERVISED ADMINISTRATION <input type="checkbox"/> SUPPLEMENTAL	CASE NO. and JUDGE
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Court address	Court telephone no.
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In the matter of _____
First, middle, and last name

1. I am the personal representative of this estate. Upon filing this sworn statement with the court, this estate will be closed without a hearing. More than five months have passed since the date of the appointment of the original personal representative.
2. If required by law or court rule, I have published notice to creditors, and the time for presentment of claims has expired.
3. I have fully administered this estate by paying, settling, or disposing of the claims that were presented, the estate and administration expenses, and all other taxes. I have distributed the assets of the estate to the persons entitled to the assets.*
4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows:

(Check only one box, as appropriate.)

5. a. The decedent died before October 1, 1993, and no Michigan inheritance tax is due. A certificate of no inheritance tax liability from the Michigan Department of Treasury is attached or has been filed.
- b. The decedent died on October 1, 1993, or later and no Michigan estate tax is due.
- c. Michigan estate or inheritance tax has been paid in full. (Evidence of full payment from Michigan Department of Treasury is attached or has been filed.)
6. I sent a copy of this sworn statement to all distributees and to all claimants whose claims are neither paid nor barred and to all demandants. I furnished a full account in writing to the distributees whose interests are affected by the administration.
7. I reopened the estate and have completed the administration.

I declare under the penalties of perjury that this Sworn Statement to Close Unsupervised Administration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Personal representative signature _____ Address _____

Personal representative name (type or print) _____ City, state, zip _____ Telephone no. _____

Notary block removed

Attorney signature _____ Address _____

Attorney name (type or print) _____ Bar no. _____ City, state, zip _____ Telephone no. _____

Notice to Interested Persons moved to next page

*Note: Specify any exceptions. If any claims remain undischarged, state whether the estate was distributed subject to possible liability with the agreement of the distributees, or state in detail other arrangements that were made to accommodate outstanding liabilities.

NOTICE TO INTERESTED PERSON(S): You may object to this sworn statement by filing written objections with the probate court mentioned above along with a \$20 filing fee. If an objection is not filed within 28 days after this sworn statement is filed with the court, the probate register will issue a certificate stating that it appears that I have fully administered this estate. The certificate does not preclude any action against me or the surety on a bond I may have obtained. If an action or proceeding involving me is not pending in this court one year after this sworn statement is filed, my appointment ends.

STATE OF MICHIGAN
PROBATE COURT
COUNTY

MEMORANDUM OF
ADMINISTRATIVE CLOSING

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of

First, middle, and last name

- 1. The fiduciary in this matter has been suspended and the interested persons and any sureties on the fiduciary's bond were notified of this suspension. No request has been received for the appointment of a successor fiduciary.
- 2. The personal representative has not filed the required notice of continued administration, petition for settlement, or a sworn statement closing the estate. There is no petition of an interested person pending. The court notified the personal representative and interested persons that the court will close the estate administration and terminate the personal representative's authority within 63 days of the notice. At least 63 days have passed since notice.
- 3. Upon petition of the conservator to administratively close the estate, notice of hearing was given to or waived by the interested persons. The court finds good cause to administratively close the estate.
- 4. a. This file is closed for administrative purposes. It does not constitute a dismissal or discharge of the fiduciary.
 b. The estate administration is closed and the personal representative's authority is terminated.
- 5. This matter may be reopened upon filing of a petition. (Use form PC 607.)

Judge signature and date

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO. and JUDGE
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Court address _____

Court telephone no. _____

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of _____
First, middle, and last name of legally incapacitated individual

1. I, _____, am the guardian of the adult named above and my
Name (type or print)
 annual report for the period of _____ to _____ is as follows.
Date Date

2. Present age of the adult: _____

3. Living Arrangement

a. The current address and telephone number of the adult are: _____

b. The name of the facility where the adult resides, if any: _____

c. The adult's residence is: Check here if this is a new address

<input type="checkbox"/> own home/apartment	<input type="checkbox"/> guardian's home/apartment	<input type="checkbox"/> other: _____
<input type="checkbox"/> nursing home	<input type="checkbox"/> hospital or medical facility	<small>(boarding home, assisted living, etc.)</small>
<input type="checkbox"/> foster home	<input type="checkbox"/> relative's home: _____	
	<small>Relationship</small>	

d. The adult has been in the present residence since _____ . If moved within the past year,
 state the changes and the reasons for change. Date

e. I rate the adult's living arrangement as excellent. average. below average. Explain _____

f. I believe the adult is content with the living situation. unhappy with the living situation.

g. I recommend a more suitable living arrangement for the adult as follows: _____

4. Physical Health

- a. The adult's current physical condition is excellent. good. fair. poor.
- b. During the past year the adult's physical condition has
 remained about the same.
 improved. Explain _____
 worsened. Explain _____
- c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

5. Do-Not-Resuscitate Order

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I executed reaffirmed revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).
 In doing so, I did did not consult with the adult and his/her attending physician.

6. Physician Orders for Scope of Treatment (POST) Form

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I executed reaffirmed revoked a POST form for the adult under MCL 700.5314(g).
 In doing so, I did did not consult with the adult and his/her attending physician.

7. Nonopioid Directive

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I executed reaffirmed revoked a nonopioid directive for the adult under MCL 700.5314(f).

8. Mental Health

- a. The adult's current mental condition is excellent. good. fair. poor.
- b. During the past year, the adult's mental condition has
 remained about the same.
 improved. Explain _____
 worsened. Explain _____

c. During the past year the adult received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name

9. Social Activities/Services

- a. The adult's current social condition is excellent. good. fair. poor.
- b. During the past year, the adult's social condition has
 - remained about the same.
 - improved. Explain _____
 - worsened. Explain _____
- c. During the past year, the adult has participated in the following activities:
 - recreational _____
 - educational _____
 - social _____
 - occupational _____
 - No activities were available.
 - The adult refused to participate in any activities.
 - The adult was unable to participate in any activities.

10. List of Visits

- a. During the past year, I visited the adult as follows: _____
List dates

- b. The average amount of time I spent on each visit was _____ .
- c. The last time I visited with the adult was on _____ .
Date

11. Activities

During the past year, I performed the following activities on behalf of the adult: _____

12. Consultation

During the past year, I consulted with the adult before making the following decisions: _____

13. I believe the adult has the following unmet needs: _____

14. The guardianship should should not be continued because: _____

15. There is is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ _____ .

16. As guardian, I have been ordered by the court to file an annual account, which is attached.

Date

Date

Signature of guardian

Signature of co-guardian (if applicable)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Check here if this is a new address

Check here if this is a new address

STATE OF MICHIGAN
PROBATE COURT
COUNTY

ORDER APPOINTING PERSON TO
REVIEW / INVESTIGATE
GUARDIANSHIP

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of

First, middle, and last name

- a minor
- a minor Indian child
- a legally incapacitated individual

1. It appears to the court that a review/investigation of this guardianship is required.

IT IS ORDERED:

2. For guardianship of the legally incapacitated individual,

Name (type or print)

Address

City, state, zip Telephone no.

is appointed to review this guardianship, to visit with the incapacitated individual, and to report to the court.
(may use PC 636 to report to court)

The review shall be completed and a report filed with the court no later than _____
Date

3. For guardianship of the minor,

Name (type or print)

The Michigan Department of Health and Human Services

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

is appointed to investigate and to report to the court regarding:

- the proposed full guardianship under MCL 700.5204(2) as required by MCR 5.404(A)(2).
- a review of the guardianship in reference to the factors stated in MCL 700.5207(1). (may use PC 655 to report to court)
- the petition to modify or terminate the guardianship, including reference to the best interests of the minor as applicable.
- whether a petition has been filed with the family division of circuit court, and if not, why not.
- the proposed limited guardianship under MCL 700.5205 as required by MCR 5.404(A)(2).

The appointed investigator must complete the investigation, file a written report with the court, and serve the report on any interested persons under MCR 5.125 no later than _____
Date (7 days before the hearing on the petition)

[Signature box]

Judge signature and date

DEFINITION

"Best Interests of the Minor" [MCL 700.5101(a)(i-xii)]

As used in minor guardianship proceedings, "best interests of the minor" means the sum total of the following factors to be considered, evaluated, and determined by the court. You must address each of these factors in your report to the court.

1. The love, affection, and other emotional ties existing between the parties involved and the child.
2. The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue educating and raising the child in the child's religion or creed, if any.
3. The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.
4. The length of time the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity.
5. The permanence, as a family unit, of the existing or proposed custodial home.
6. The moral fitness of the parties involved.
7. The mental and physical health of the parties involved.
8. The home, school, and community record of the child.
9. The reasonable preference of the child, if the court deems the child to be of sufficient age to express preference.
10. The party's willingness and ability to facilitate and encourage a close and continuing parent-child relationship between the child and his or her parent or parents.
11. Domestic violence regardless of whether the violence is directed against or witnessed by the child.
12. Any other factor considered by the court to be relevant to a particular dispute regarding termination of a guardianship, removal of a guardian, or parenting time.

STATE OF MICHIGAN PROBATE COURT COUNTY	ANNUAL REPORT OF GUARDIAN ON CONDITION OF MINOR	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

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

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward, if 14 years of age or older, and all interested persons, including the appropriate Indian tribe, if any, as required by MCR 5.105 and MCR 5.125. Then, the guardian must complete a proof of service (form PC 564), and file it and this report with the court.

1. I, _____, am the guardian of the above named minor and my
Name (type or print)
 annual report for the period _____ to _____ is as follows:
Date Date

2. Present age of the minor: _____

3. Living Arrangement

- a. The current address and telephone number of the minor are: _____ .
- b. The minor's residence is: Check here if this is a new address
 guardian's home relative's home: _____ other: _____
Relationship
- c. The minor has been in the present residence since _____ . If moved within the past year, state the changes and the reasons for change:
Date

- d. I rate the minor's living arrangement as excellent. average. below average.
- e. I believe the minor is content with the living situation. unhappy with the living situation.
- f. I recommend a more suitable living arrangement for the minor as follows: _____

4. Physical Health

- a. The minor's current physical condition is excellent. good. fair. poor.
- b. During the past year the minor's physical condition has
 remained about the same.
 improved. _____
Explain
 worsened. _____
Explain

c. During the past year the minor received the following medical treatment (include check-ups, optical, and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

5. Education

- a. The minor regularly attends school at _____
and is in grade _____ .
- b. The minor attends alternative education at _____
and is in grade _____ .
- c. The minor does not attend school because _____ .

6. Activities of Minor

- a. The minor's social activities (including sports) are: _____

_____ .
- b. During the past year the minor has been in counseling with _____
at _____ .
- c. During the past year the minor received in-patient services at _____ .

7. Parenting time between the minor and parents was as follows:

- a. Parent's name and current address: _____
Parenting time: _____
- b. Parent's name and current address: _____
Parenting time: _____
- c. Comments about parenting time: _____

8. Parents complied with the court-structured plan limited guardianship placement plan as follows:

Changes should be made to the plan as follows:

9. The guardianship should should not be continued because: _____

10. I am am not willing to continue to serve as guardian.

NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardianship (PC 675).

11. As guardian, I have been ordered by the court to file an annual account, which is attached.

Date

Date

Signature of guardian

Signature of co-guardian (if applicable)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Check here if this is a new address

Check here if this is a new address

<p style="text-align: center;">STATE OF MICHIGAN PROBATE COURT COUNTY</p>	<p style="text-align: center;">ORDER OF INVESTIGATION AND NOTICE OF HEARING ON GUARDIANSHIP OF INDIAN CHILD</p>	<p style="text-align: center;">CASE NO. and JUDGE</p>
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and 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,

Name (type or print)	<input type="checkbox"/>	The Michigan Department of Health and Human Services
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 appointed investigator must complete the investigation, file a written report with the court, and serve the report on any interested persons under MCR 5.125 no later than _____**
Date (7 days before the hearing on the petition)

 Judge signature and date

(SEE SECOND PAGE FOR NOTICE OF HEARING)

