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| STATE OF MICHIGAN PROBATE COURT COUNTY OF | MINOR GUARDIANSHIP SOCIAL HISTORY | FILE NO. |
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USE NOTE: File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

Parent and Minor Child Information:

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|--|---|---|------------------------------|-----|
| Name of minor | | Minor's birth date | Last 4 digits of Minor's SSN | |
| Minor's present address | | City | State | Zip |
| Parent's name | | Parent's birth date | Parent's name | |
| | | | Parent's birth date | |
| Father's name on minor's birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No | | Paternity established through court proceedings If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County | | |
| Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No | | Minor's parents divorced from each other If yes, specify county of divorce <input type="checkbox"/> Yes <input type="checkbox"/> No _____ County | | |
| Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker) | | | | |
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent(s): _____ | Victim of domestic violence | | |
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent(s): _____ | Had contact with the protective services unit of MDHHS | | |
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent(s): _____ | Experienced a substance abuse problem | | |
| <input type="checkbox"/> Child | <input type="checkbox"/> Parent(s): _____ | Experienced a mental health problem | | |
| Name of school child attends (specify if home schooled) | | | | |
| Describe child's school attendance, behavior, and grades | | | | |
| Describe child's relationship and extent of contact with parent(s) | | | | |
| If the child is a member of an Indian tribe, or is eligible for membership in an Indian tribe and is a biological child of a member of an Indian tribe, list the child's tribal affiliation. | | | | |

Proposed Guardian Information:

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|--|--|----------------|----------------------|---|--------------------------------|
| Name of proposed guardian (including any prior names) | | Birth date | Driver's license no. | | Last 4 digits of SSN |
| Present address | | City | State | Zip | Length of time at this address |
| Relationship to minor | Home phone no. | Work phone no. | Cell phone no. | Best number to call between 8:00 a.m. and 5:00 p.m. | |
| Guardianship of any other minor | If yes, give name and file numbers of each minor child | | | | |
| Occupation | Employer's name and telephone no. | | | Length of time with this employer | |
| Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker) | | | | | |
| <input type="checkbox"/> Victim of domestic violence | | | | | |
| <input type="checkbox"/> Had contact with the protective services unit of MDHHS | | | | | |
| <input type="checkbox"/> Experienced a substance abuse problem | | | | | |
| <input type="checkbox"/> Experienced a mental health problem | | | | | |
| Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none <input type="checkbox"/> None | | | | | |

Proposed Guardian Questionnaire: (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.

2. Do the parents agree with this guardianship? Yes No If no, explain.

3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check none.

4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check none.

5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.

6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.

7. Describe the sleeping space you have in your home for this child.

8. Indicate how many other children live in your home.

9. Describe the methods of discipline you would use to control this child.

10. Provide the full name and date of birth of every adult living in the home.

11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.

12. Specify any other information you believe would be helpful to the court.

Date

Signature