

6. (continued)

The persons interested in this proceeding are:

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER				
		Street address	City	State	Zip	Telephone no.
	Conservator	Street address				
		City				
	Guardian	Street address				
		City				
	Person with care/ custody of minor*	Street address				
		City				

None of these persons are under any legal incapacity except _____
 Name, incapacity, and representative of the person, if any

7. The welfare of the minor will be served by the appointment.

8. A proposed limited guardianship placement plan is attached.

I REQUEST:

9. _____ whose address is _____
 Name Address

_____ be appointed limited guardian of the minor.
 City/Township State Zip Telephone no.

10. Other: _____

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

 Date

 Signature of custodial parent

 Date

 Signature of custodial parent

 Date

 Signature of Attorney

NOTE: If both parents have custody, each must sign.

11. I am 14 years of age or older. I nominate _____ as my
 Name

guardian who lives at _____
 Address City State Zip

 Date

 Signature of minor

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).