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|---|---|---------------------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY | PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR | CASE NO. and JUDGE |
|---|---|---------------------------|

Court address _____ Court telephone no. _____

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

| | | | | |
|-----------|---------------------|------|-----|-------------------------|
| Court ORI | Current age of ward | Race | Sex | Current address of ward |
|-----------|---------------------|------|-----|-------------------------|

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I am interested in this matter as _____
State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses are:

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

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

- b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____.
- The minor is not an Indian child as defined by MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

10. Appoint _____
Name (type or print) Address

City State Zip Telephone no.

as successor **full guardian**.

11. Appoint _____
Name (type or print) Address

City State Zip Telephone no.

as **temporary guardian** pending appointment of a successor.

12. Appoint _____
Name (type or print) Address

City State Zip Telephone no.

as successor **limited guardian** with only the following powers: _____

13. Modify the powers of the guardian as follows: _____

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

Petitioner signature

Date

Attorney signature

NOMINATION BY MINOR:

I am 14 years of age or older. I nominate _____,
Name (type or print)

Address City State Zip

as my guardian.

Date

Signature of minor