

Fig. 15.2. Sample Petition for Appointment of Guardian of Minor (page 1)

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR GUARDIAN OF MINOR	FILE NO.
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In the matter of _____, a minor
Social security no.

1. I, _____, am interested in the welfare of the minor and make this
Name (type or print)
 petition as _____
Relationship to minor (i.e. grandparent, uncle, friend, limited guardian, etc.)

2. The minor was born _____, is unmarried, resides in _____
Date County
 at _____
Address City/Township
 _____, and is presently located in _____
State, zip County
 at _____
Address (only if different than above) City/Township

State, zip

3. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS
	Father/Age _____	
	Mother/Age _____	
	Conservator	
	Guardian	
	Person with care/ custody of minor*	

*also list persons who had principal care and custody of minor during the two months preceding filing of petition

If neither parent is living, the names and addresses of the minor's nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS

None of these persons is under any legal incapacity except (give name, incapacity, and representative of the person if any):

 (PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

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PC 651 (4/00) PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR

4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

5. The minor is a member of/eligible for membership in an American Indian tribe/band: _____ Name of tribe/band

6. The minor is in need of a guardian because:

- a. The parental rights of both parents or of the surviving parent have been terminated or suspended by:
 death (certificate attached). a prior court order other than an order appointing a limited guardian of the minor (copy attached)
 disappearance. judgment of divorce or separate maintenance (copy attached).
 confinement in a place of detention. judicial determination of mental incompetency (order attached).

OR
b. The parent(s) permit the minor to reside with another person and do not provide that other person with the legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time.

OR
c. The biological parents of the minor were never married to each other and _____ the custodial parent died has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood or adoption.

7. A temporary guardian is necessary because: _____

I REQUEST:

8. _____ whose address is _____
Name Address
_____ be appointed guardian of the minor.
City/Township State Zip Telephone no.

9. The court order the parent(s) to provide reasonable support for and visitation and contact with the minor.

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 petitioner

Address

City, state, zip

Date

Signature of petitioner

Address

City, state, zip Telephone no.

10. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

Attorney signature

Attorney name (type or print) Bar no.

Signature of minor

Address

City, state, zip Telephone no.

Fig. 15.3. Sample Limited Guardianship Placement Plan (page 1)

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LIMITED GUARDIANSHIP PLACEMENT PLAN	FILE NO.
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In the matter of _____, a minor

Special Note in Completing Form:

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

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

NOTICE: This guardianship will not be terminated without a court finding that the termination is in the best interest of the child.

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

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

1. The reason I want a limited guardianship is:

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

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

- I will visit my child on: (please circle each day you plan to visit) Su M Tu W Th F Sa
 from: (please specify the time and circle either a.m. or p.m.) _____ a.m. p.m. to _____ a.m. p.m.
- I will visit my child _____ times each week. month.
- Visits will occur at my residence. the proposed guardian's residence. _____.
- Telephone contact will take place daily. weekly. monthly. _____.
- Letters will be sent daily. weekly. monthly. _____.
- I will attend my child's school conference provided I receive timely notice of the conference.
- I will attend counseling with my child.
- I will participate in and arrange positive outings with my child daily. weekly. monthly _____.
- I will provide transportation for my child for _____.
- I will attend all doctor/dental appointments for my child (excluding emergencies).
- Transportation to and from visits with my child will be the responsibility of: _____.
- Collect telephone calls will be accepted at number _____.
- Other:

SEE OTHER SIDE FOR REMAINING PLANS

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Approved: _____ Date _____ Judge _____
