

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	MINOR GUARDIANSHIP INTAKE INFORMATION	FILE NO.
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***This form is to be completed by the proposed guardian and must be completed in full. The information provided herein will not be made a part of the legal file and will be used for Court use only.***

**INFORMATION REGARDING THE CHILD(REN):**

Name of Child(ren): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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. \_\_\_\_\_

1. Has the child(ren) lived in any other out-of-home placement? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the child(ren) receive any governmental benefits (i.e., social security)? ☐ No ☐ Yes If yes, explain:

\_\_\_\_\_

3. Does the child(ren) receive any other financial benefits? ☐ No ☐ Yes If yes, explain:

\_\_\_\_\_

4. Does the child(ren) have any special needs (i.e. physical, emotional, medical)? ☐ No ☐ Yes If yes, explain the needs and how the proposed guardian(s) are prepared to deal with these needs: \_\_\_\_\_

\_\_\_\_\_

5. Does the child(ren) have any educational problems? ☐ No ☐ Yes If yes, explain the issues and how the proposed guardian(s) are prepared to deal with these needs: \_\_\_\_\_

\_\_\_\_\_

6. Provide the name and address of the school the child(ren) last attended:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

7. Provide the name and address of the school the child(ren) will attend if guardianship is granted.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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**GENERAL INFORMATION:**

Name of Petitioner(s): \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Address of Petitioner(s): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number of Petitioner(s): Home: \_\_\_\_\_ Other: \_\_\_\_\_

8. Why is this guardianship requested? \_\_\_\_\_

9. Has Protective Services of the Department of Human Services (formerly know as Family Independence Agency been involved with the child(ren) or this family? ☐ No ☐ Yes, if Yes – describe:

Name of person(s) at DHS that handled the case? \_\_\_\_\_

**INFORMATION ABOUT BIOLOGICAL PARENT(S):** *Attach Birth Certificate of the child(ren), if available.*

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

*If mother's whereabouts are unknown – indicate last known address.*

City, state, zip: \_\_\_\_\_

Mother's Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Mother's Social Security Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

*If father's whereabouts are unknown – indicate last known address.*

City, state, zip: \_\_\_\_\_

Father's Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ Father's Social Security Number: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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If both parents are deceased, attach death certificate(s) of parent(s) and please indicate name and address of nearest relative of the child(ren).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

If someone other than biological parent(s) have had principal care and custody of the child(ren) during the two months preceding the filing of petition, please indicate name and address of any such person(s).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

**INFORMATION REGARDING PATERNITY, CUSTODY, SUPPORT, VISITATION:** *Please answer these questions fully and in as much detail as possible. If unknown, please indicate*

10. Are the parents of the child(ren) married to each other? ☐ No ☐ Yes

11. Are the parents of the child(ren) divorced from each other? ☐ No ☐ Yes If Yes:

Date of Divorce: \_\_\_\_\_ If still pending, status: \_\_\_\_\_

County, Name and State of Court where divorced was filed: \_\_\_\_\_

Address of Court: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

File Number: \_\_\_\_\_ Judge: \_\_\_\_\_

*Please attach any custody and/or support orders relating to the minor child(ren).*

12. If the parents were not married to each other at the time of the birth of the child(ren), was paternity established? ☐ No ☐ Yes If yes, through: ☐ Acknowledgement of Paternity ☐ Court order  
☐ Other: \_\_\_\_\_ *Please attach any documentation that establishes paternity.*

13. Has any court ordered support to be paid for the child(ren)? ☐ No ☐ Yes If Yes:

Support Amount: \_\_\_\_\_ Paid by: \_\_\_\_\_ Paid to: \_\_\_\_\_

Name, County and State of Court: \_\_\_\_\_

Address of Court: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

File Number: \_\_\_\_\_ Judge: \_\_\_\_\_

*Please attach any support orders relating to the minor child(ren)*

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14. Has any court ordered custody or visitation regarding the child(ren)? ☐ No ☐ Yes If Yes:

Date of Order: \_\_\_\_\_ If still pending, status: \_\_\_\_\_

Name, County and State of Court: \_\_\_\_\_

Address of Court: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

File Number: \_\_\_\_\_ Judge: \_\_\_\_\_

*Please attach any orders relating to the minor child(ren)*

15. Who has legal custody of the child(ren)? ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

16. Does the non-custodial parent(s) have visits or contact with the child(ren)? ☐ No ☐ Yes

Explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Does the non-custodial parent(s) pay support? ☐ No ☐ Yes

Explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Why is the non-custodial parent not assuming custody of the child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Do either of the parent(s) have any problems in the following areas:

Physical Health: ☐ No ☐ Yes, If Yes: Explain (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

Emotional Health: ☐ No ☐ Yes, If Yes: Explain (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

Mental Illness: ☐ No ☐ Yes, If Yes: Explain (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_

Substance Abuse: ☐ No ☐ Yes, If Yes: Explain (attach additional sheets if necessary) \_\_\_\_\_

\_\_\_\_\_



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20. Do you have a drivers license? ☐ Yes ☐ No, If No: How will transportation be provided for the child(ren)? \_\_\_\_\_

21. How long have you resided at your current residence? \_\_\_\_\_ years. If less than five years, provide addresses for past five years and length of time residing there.

\_\_\_\_\_ Length resided: \_\_\_\_\_

\_\_\_\_\_ Length resided: \_\_\_\_\_

22. Do you own your home? ☐ Yes ☐ No, If No: Name and address of landlord:  
\_\_\_\_\_  
\_\_\_\_\_

23. Complete employment information for each proposed guardian:

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Length of time with this employer: \_\_\_\_\_  
If you have been employed at this job for less than five years, please provide employment history for past five years: \_\_\_\_\_  
\_\_\_\_\_

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job title: \_\_\_\_\_ Length of time with this employer: \_\_\_\_\_  
If you have been employed at this job for less than five years, please provide employment history for past five years: \_\_\_\_\_  
\_\_\_\_\_

24. Why are you the most suitable person to serve as guardian? \_\_\_\_\_  
\_\_\_\_\_

25. Will the proposed guardian need support in order to care for the child(ren)? ☐ No ☐ Yes If yes, amount: \_\_\_\_\_  
\_\_\_\_\_

26. Has the proposed guardian(s) or anyone living in the household ever been convicted of a crime?  
☐ No ☐ Yes If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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27. Has the proposed guardian(s) or anyone living in the household ever been the subject of an investigation concerning the improper treatment of children? ☐ No ☐ Yes If yes, explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Does the proposed guardian(s) or anyone living in the household have any physical, mental or health limitations? ☐ No ☐ Yes If yes, explain:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Name, address, telephone number and relationship of two persons that can provide character references for the proposed guardian(s):

Name:\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other: \_\_\_\_\_

Name:\_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other: \_\_\_\_\_

30. Name, address and telephone number of an educator, police officer, health care professional, social worker or minister that can provide a character reference for the proposed guardian(s):

Name:\_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Other: \_\_\_\_\_

31. What is your relationship to the child(ren) or if no relationship, how do you know the child(ren)?

\_\_\_\_\_

32. Do the children currently live with the proposed guardian(s)? ☐ No ☐ Yes If yes, explain:\_\_\_\_\_

\_\_\_\_\_

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33. If the children currently reside with the proposed guardian(s), did the parent(s) provide a Power of Attorney or any written documentation giving the proposed guardian(s) authority to care for the children or to obtain medical treatment for the children? No ☐ Yes ☐ If yes, *attach a copy*.
34. What do you believe is the reason the child(ren) are not residing with the parent(s)? \_\_\_\_\_  
\_\_\_\_\_
35. Can you prepare the child(ren) for reunification with their parent(s)? ☐ No ☐ Yes
36. Do you anticipate any significant changes in your home within the next year such as a move or change in household composition? ☐ No ☐ Yes If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
37. Are there any pets in the home? ☐ No ☐ Yes If yes, are these pets friendly toward the children?  
☐ No ☐ Yes
38. Are there any firearms within the home? ☐ No ☐ Yes If yes, please explain how these firearms are stored: \_\_\_\_\_  
How is the ammunition stored? \_\_\_\_\_

**OTHER INFORMATION:** Please attach an additional sheet for any other information not contained herein that would be helpful to the Court.

I declare under the penalties of perjury that the information on this form is true to the best of my knowledge, information, and belief and that I have read and understand the guardianship information sheet the Court has given me.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Proposed Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Proposed Guardian