

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor XXX-XX-  
Last four digits of SSN

**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).

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  female,  male, is unmarried, resides in \_\_\_\_\_  
Date County  
 at \_\_\_\_\_,  
Address City/Township State Zip,  
 and is presently located in \_\_\_\_\_ at \_\_\_\_\_  
County Address (if different than above)  
City/Township State Zip

The minor is a citizen of the following foreign country: \_\_\_\_\_

3.  The minor 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. The name of the tribe is \_\_\_\_\_  
 The minor is not an Indian child as defined in MCR 3.002(5).  
 It is unknown whether the minor is an Indian child as defined in MCR 3.002(5).

4. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Father/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Mother/DOB _____	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 before filing the petition.

(SEE SECOND PAGE)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

4. (continued) If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP
	Street address				
	City	State	Zip	Telephone no.	
	Street address				
	City	State	Zip	Telephone no.	

None of these persons is under any legal incapacity except \_\_\_\_\_  
Name, incapacity, and representative of the person, if any

5. 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.

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.  a previous court order other than an order appointing a limited guardian of the minor.  
 disappearance.  judgment of divorce or separate maintenance.  
 confinement in a place of detention.  
 judicial determination of mental incompetency.

**OR**  
 b.  the parent(s) permit(s) the minor to reside with another person and the parent(s) do/does not provide the other person with 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 \_\_\_\_\_.

**IREQUEST:**

8. \_\_\_\_\_, whose address and telephone number are \_\_\_\_\_  
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  parenting time with  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	_____ Date
_____ Signature of petitioner	_____ Signature of petitioner
_____ Address	_____ Address
_____ City, state, zip Telephone no.	_____ 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	_____ Signature of minor
_____ Attorney signature	_____ Address
_____ Attorney name (type or print) Bar no.	_____ City, state, zip Telephone no.