

MINOR GUARDIANSHIPS

**PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE
OR HELP YOU FILL OUT THESE FORMS
IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.**

FEES:

- THE INITIAL FILING FEE OF **\$175.00** IS DUE AT THE TIME OF FILING BASED UPON THE PROBATE COURT FEE SCHEDULE.
- CERTIFIED LETTERS OF GUARDIANSHIP ARE **\$12.00** EACH ACCORDING TO THE PROBATE COURT FEE SCHEDULE.

TYPES OF GUARDIANSHIPS

There are two types of guardianships for minors: Full Guardianships and Limited Guardianship. Both petition forms are included in this packet. Only the parent can file a petition for limited guardianship. A petition for full guardianship can be filed by any interested person or by the minor if he/she is 14 years or older.

FULL GUARDIANSHIP

The petition for the appointment of a full guardian is made by filing the Petition for the Appointment of Guardian of Minor (PC 651). The court may only appoint a guardian if specific circumstance exist. The court may appoint a guardian for an unmarried minor if the following circumstances exist:

- The parental rights of both parents or the surviving parent have been terminated or suspended by prior court order, by judgment of divorce or separate maintenance, by death, by judicial determination of mental incompetence, by disappearance, or by confinement in a place of detention.
- The parent or parents have permitted the minor to reside with another person and have not provided the person with legal authority for the care and maintenance of the minor.
- All of the following:
 1. The minor's biological parents have been married to one another.
 2. The minor's parent who has custody of the minor dies or is missing and the other parent has not been granted legal custody under court order.
 3. The person whom the petition asks to be appointed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

A full guardian can make decisions about where the child will live and go to school and what medical procedures are in the child's best interest. The guardian can give consent to the marriage of the minor; and, with permission of the court, the full guardian can consent to the adoption of the minor.

The court may, at any time, for the welfare of the minor, order reasonable visitation and contact of the minor ward by his or her parents.

Documents Required to File for Full Guardianship of a Minor:

- Petition for Appointment of Guardian of Minor PC 651
- Minor Guardianship Social History PC 670
- Waiver/Consent PC 561 (if applicable)
- Copy of Current Custody Order (if applicable)
- Central Registry Clearance Request DHS 1929
 - o PLEASE NOTE: Photo ID is required to be filed with this form.
- Osceola County Probate Court Criminal History Check Release for individual(s) requested to be guardian
- Acceptance of Appointment PC 571
- Addendum to Protected Personal Identifying Information MC 97a

LIMITED GUARDIANSHIP

Only the custodial parent(s) of the minor can file a petition for limited guardianship. The parents, or the parent with legal custody, must sign the petition and voluntarily consent to the guardianship and the suspension of his/her parental rights.

The Court must approve a limited guardianship placement plan agreed to by the parents with custody of the minor or, in the case of only one parent having custody of the minor, the sole parent who has custody and the person(s) who the court will appoint as limited guardian of the minor.

A limited guardian has the same power and authority as a full guardian except he or she cannot give consent for the marriage or adoption of the minor.

Documents Required to File for Limited Guardianship of a Minor:

- Petition for Appointment of Limited Guardian of Minor PC 650
- Limited Guardianship Placement Plan PC 652
- Minor Guardianship Social History PC 670
- Copy of Current Custody Order (If applicable)
- Central Registry Clearance Request DHS 1929
 - o PLEASE NOTE: Photo ID is required to be filed with this form.
- Osceola County Probate Court Criminal History Check Release for individual(s) requested to be guardian
- Acceptance of Appointment PC 571
- Addendum to Protected Personal Identifying Information MC 97a
- Requirements of Notice of Minor Guardianship
- Notice of Hearing PC 562
- Proof of Service PC 564 with Instructions

STATE OF MICHIGAN PROBATE COURT COUNTY OF OSCEOLA	MINOR GUARDIANSHIP SOCIAL HISTORY	FILE NO.
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USE NOTE: File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

Parent and Minor Child Information:

Name of minor		Minor's birth date	Last 4 digits of Minor's SSN	
Minor's present address		City	State	Zip
Parent's name		Parent's birth date	Parent's name	
			Parent's birth date	
Father's name on minor's birth certificate		Paternity established through court proceedings If yes, specify court and county where paternity was established		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County		
Minor's parents married to each other		Minor's parents divorced from each other If yes, specify county of divorce		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No _____ County		
Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker)				
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Victim of domestic violence		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Had contact with the protective services unit of MDHHS		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a substance abuse problem		
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a mental health problem		
Name of school child attends (specify if home schooled)				
Describe child's school attendance, behavior, and grades				
Describe child's relationship and extent of contact with parent(s)				
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.				

Proposed Guardian Information:

Name of proposed guardian (including any prior names)		Birth date	Driver's license no.	Last 4 digits of SSN
Present address		City	State	Zip
				Length of time at this address
Relationship to minor	Home phone no.	Work phone no.	Cell phone no.	Best number to call between 8:00 a.m. and 5:00 p.m.
Guardianship of any other minor	If yes, give name and file numbers of each minor child			
Occupation	Employer's name and telephone no.		Length of time with this employer	
Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker)				
<input type="checkbox"/> Victim of domestic violence				
<input type="checkbox"/> Had contact with the protective services unit of MDHHS				
<input type="checkbox"/> Experienced a substance abuse problem				
<input type="checkbox"/> Experienced a mental health problem				
Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none				
<input type="checkbox"/> None				

Proposed Guardian Questionnaire: (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.

2. Do the parents agree with this guardianship? Yes No If no, explain.

3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check none.

4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check none.

5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.

6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.

7. Describe the sleeping space you have in your home for this child.

8. Indicate how many other children live in your home.

9. Describe the methods of discipline you would use to control this child.

10. Provide the full name and date of birth of every adult living in the home.

11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.

12. Specify any other information you believe would be helpful to the court.

Date

Signature

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	CASE NO. and JUDGE Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave., Reed City, MI 49677		Court telephone no. 231-832-6124

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

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone 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, aunt or uncle, friend, limited guardian, etc.)

2. The minor is currently _____, is female, male, is unmarried, resides in _____
Age County
 at _____
Address City/Township State Zip
 and is presently located in _____ at _____
County Address (only if different than above)

City/Township State Zip

The minor is a citizen of the following foreign country: _____

3. The minor is not an Indian child as defined in MCR 3.002(12).
 It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

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 persons interested in this proceeding are:

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).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.

5. The persons interested in this proceeding are: (continued)

*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	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.

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

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

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

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

OR

- b. the parent permits the minor to reside with another person and 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 _____

I REQUEST:

8. _____, whose address and telephone number are

Name _____
Address _____ City/Township _____ State _____ Zip _____ Telephone no. _____

be appointed guardian of the minor.

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

Signature of petitioner

Date

Signature of petitioner

Date

Signature of attorney

10. I am 14 years of age or older. I nominate _____ as my guardian, who lives at

Name _____
Address _____ City _____ State _____ Zip _____

Date

Signature of minor

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	CASE NO. and JUDGE Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave., Reed City, MI 49677		Court telephone no. 231-832-6124

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

Petitioner's name, address and telephone no.

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

1. I am interested in this matter and make this petition as custodial parent of the minor.
 2. The minor is currently _____, is female, male, is unmarried, resides in _____
 Age _____ County _____
 at _____
 Address _____ City/Township _____ State _____ Zip _____
 and is presently located in _____ at _____
 County _____ Address (only if different than above) _____
 City/Township _____ State _____ Zip _____
- The minor is a citizen of the following foreign country: _____

3. The persons interested in this proceeding 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.

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

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

4. The minor is not an Indian child as defined in MCR 3.002(12).
 It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).
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 welfare of the minor will be served by the appointment.
7. A proposed limited guardianship placement plan is attached.

I REQUEST:

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

9. Other: _____

10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

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 custodial parent

Signature of custodial parent

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

11. 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

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	LIMITED GUARDIANSHIP PLACEMENT PLAN	CASE NO. and JUDGE Hon, Tyler Thompson P70870
Court address 301 W. Upton Ave., Reed City, MI 49677		Court telephone no. 231-832-6124

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

Special Note in Completing Form:

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

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.

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: _____

<p>FOR COURT USE ONLY</p> <p>Approved:</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>_____ Judge signature and date</p>
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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 mark each day you plan to visit)

___ Su ___ M ___ Tu ___ W ___ Th ___ F ___ Sa

from: (please specify the time) _____ .m. to _____ .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: _____

3. Financial support will be made by me as follows:

Health insurance coverage through _____.

Policy numbers are _____.

School lunch money, clothing, supplies.

Car insurance.

\$ _____ each month for room, board, miscellaneous expenses to be paid at month's end. beginning.

I will pay for counseling.

I will pay for transportation to and from visits.

I will provide food for my child as follows: _____.

I will pay for babysitting as follows: _____.

Other: _____

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer incarcerated. on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my G.E.D. job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: _____

5. I also agree as follows: _____

As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.

Date	Date
Signature	Signature
Name of custodial parent (type or print)	Name of custodial parent (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.

AGREEMENT AND ACCEPTANCE OF APPOINTMENT BY LIMITED GUARDIAN

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date	Date
Signature	Signature
Name of proposed guardian (type or print)	Name of proposed guardian (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.
Put DOB and DLN in Ref. No. row 10 on MC 97a.	Put DOB and DLN in Ref. No. row 11 on MC 97a.
Date of birth	Date of birth
Driver's license no. or other identification	Driver's license no. or other identification

STATE OF MICHIGAN OSCEOLA PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

Date

Signature

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services
(Revised 5-23)

COPY PHOTO ID HERE
OR
ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)			
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth	
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I would like to pick up my records in person. (See Michigan Department of Health and Human Services website for more information.)			
Signature Required for Individual Being Cleared			Date

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer
 Volunteer Agency
 Out-of-State Child Caring Institution
 Out-of-State Adoption/Foster Care Home Screening
 Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
 Individual Self-Request

Name of Agency or Organization	Name of Requester		
OSCEOLA COUNTY PROBATE COURT	KATRINA SMALL		
Address	City	State	Zip Code
301 W. UPTON AVE.	REED CITY	MI	49677
Email	Fax	Phone Number	
KSMALL@18THPROBATECOURT.ORG	231-832-6181	231-832-6124	

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

INSTRUCTIONS FOR DHS-1929

REQUIREMENTS

All submitted requests must include a completed form with signature and a copy of the individual of the inquiry's legal photo ID.

With this signed written request, the department may provide confirmation of central registry placement to an individual, office, agency, and/or entity authorized by law to receive it. Results of placement on central registry will be indicated on a DHS-1910, Central Registry Check, response letter and mailed to the address on the individual's legal photo ID within ten (10) business days, via certified mail or marked restricted (to be delivered to addressee only), OR via encrypted email to the requestor, if authorized to receive the results.

If the individual of the inquiry is not listed on central registry, results indicating the person is not listed on central registry as of the date the clearance was performed will be marked on a DHS-1910, Central Registry Check, response letter and issued via standard mail, fax, or by encrypted email to the email address provided on this form within ten (10) business days. If Section 2 is completed, the clearance results will be sent to the listed agency lead.

INSTRUCTIONS

Employer and/or Volunteer Agency

Includes all agencies, organizations and companies employing staff or seeking volunteers. Includes school and university coursework programs, hospitals, medical centers, and third-party companies. Excludes camp organizations, children camp organizations, and Michigan-based child caring institutions.

Michigan-Based Agencies: Michigan employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the employer or volunteer agency is located. See the attached list for MDHHS county office locations and contact numbers.

NOTE: If the Michigan-based agency is requesting a central registry clearance on an employee/volunteer or potential employee/volunteer who **resides out-of-state**, submit the DHS-1929 form, along with a legal ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Agencies: Out-of-state employers and volunteer agencies requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Out-of-State Child Caring Institutions: Out-of-state child caring centers, child placing agencies, and residential centers requesting a central registry clearance on an employee/volunteer or potential employee/volunteer must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

NOTE: Out-of-State Child Placing Agencies requesting investigation case record history **do not complete this form**. Agencies outside of Michigan who are investigating a report of known or suspected child abuse or neglect, may request records by *emailing a request on letterhead to

MDHHS-OutofStateAgencyCPSRecordsRequest@michigan.gov.

Out-of-State Adoption and Foster Home Screening: The Division of Child Welfare Licensing (DCWL) will conduct central registry clearances for out-of-state agencies for the following purposes:

1. Licensing foster homes.
2. Adoption screening.

All requests must come from the child placing agency working with the foster or adoptive applicant. The request must be in writing on the requester's letterhead stating the reason for the request (example: foster home licensing, adoptive placement, etc.) and must include all the following and submit by *email to: MDHHS-DCWL-OSCR@michigan.gov

1. Name and title of individual requesting the information.
2. Contact information (phone, fax numbers, email address, etc.)
3. Name(s) of the individual(s) requested to be cleared.
4. The individual being cleared must complete the DHS-1929, Central Registry Clearance Request form that provides authorization for MDHHS to complete the requested clearance. All submissions must include the applicant's legal photo ID.
5. The DHS-1929 form must accompany the agency's request.

Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Any Michigan court, law enforcement agency, Department of Corrections or prosecuting attorney requesting a central registry clearance must complete both Sections 1 and 2. Submit the completed DHS-1929 form, along with legal photo ID, to the MDHHS office in the county where the agency is located. See the attached list for MDHHS county office locations and contact numbers.

INDIVIDUAL SELF-REQUEST

Michigan Residents: Michigan residents who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to your local MDHHS office. Results will be sent to your listed address. If you need to retrieve your results in person at your local MDHHS office, you must provide your legal photo ID to receive the results. See the attached list for MDHHS county office locations and contact numbers.

Out-of-State Residents: Individuals who are not residents of Michigan who are requesting a central registry clearance on themselves must complete Section 1 and check the "Individual Self-Request" box in Section 2. Submit the completed DHS-1929 form, along with legal photo ID, to the Out-of-State Central Registry mailbox at MDHHS-Outofstate-Central-Registry@michigan.gov or by fax. See the attached list for Out-of-State location and contact information.

Other Agencies/Organizations Not Listed

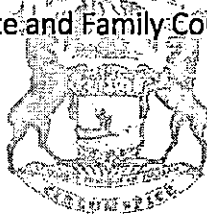
If your agency is not listed within the instructions, visit the Michigan Central Registry website for instructions to obtain the information needed by your agency to request or obtain a central registry clearance. www.michigan.gov/mdhhs/adult-child-serv/abuse-neglect

*MDHHS strives to protect client confidentiality. If using email to communicate with MDHHS, please encrypt the email to protect the client's information. If encryption is not available, please mail or fax the request.

The 18th PROBATE COURT & 49th CIRCUIT COURT - FAMILY DIVISION

MECOSTA COUNTY
Mecosta County Courthouse
400 Elm Street
Big Rapids, MI 49307
Phone: (231) 592-0135
Fax: (231)-592-0191

Honorable Tyler Thompson
Probate and Family Court Judge



OSCEOLA COUNTY
Osceola County Courthouse
301 West Upton Ave.
Reed City, MI 49677
Phone: (231) 832-6124

OSCEOLA COUNTY PROBATE COURT CRIMINAL HISTORY CHECK RELEASE

I, the undersigned, having requested my appointment as a guardian/conservator with Osceola County Probate Court, do hereby authorize the LEIN agent to conduct a criminal history file check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as a guardian/conservator.

CASE NAME: _____

FILE NUMBER: _____

NAME OF PURPOSED GUARDIAN: _____

MAIDEN NAME/OTHER NAMES(S): _____

DRIVERS LICENSE/STATE ID NUMBER: _____

DATE OF BIRTH: _____

RACE: _____

SEX: _____

DATE: _____

SIGNATURE

NOTE: A COPY OF DRIVERS LICENSE/STATE ID MUST BE ATTACHED TO THIS RELEASE

STATE OF MICHIGAN PROBATE COURT OSCEOLA COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave. Reed City, MI 49677		Court telephone no. 231-832-6124

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

- I have been appointed _____ of the person/estate.
Type of fiduciary
- I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- For a period of _____ days from the date of my appointment, I exclude from the scope of my responsibility
not to exceed 91 days

the following real estate or ownership interest in a business entity: _____
Describe real property or business interest

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

Date

Signature

Attorney name (type or print) _____ Bar no. _____ Name (type or print) _____

Attorney Address _____ Address _____

City, state, zip _____ Telephone no. _____ City, state, zip _____ Telephone no. _____

Put DOB in row 10 on MC 97a.
Date of birth _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE OSCEOLA	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
Court address 301 W. Upton Ave. Reed City, MI 49677		Court telephone no. 231-832-6124
Plaintiffs/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date _____

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

STATE OF MICHIGAN PROBATE COURT COUNTY OF OSCEOLA	REQUIREMENTS FOR NOTICE MINOR GUARDIANSHIP	FILE NO.
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In the Matter of: _____, minor

As petitioner, you must give notice of the scheduled hearing to the parties listed below at least seven (7) days prior to the hearing if served personally, or fourteen (14) days prior to the hearing if mailed.

- 1. The minor (if 14 years of age or older).
- 2. Each person who had principal care and custody of the minor during the 63 days before the filing.
- 3. The parents of the minor.
- 4. If neither parent is living, then any grandparents and adult presumptive heirs of the minor.
- 5. Nominated guardian.
- 6. Guardian or Conservator who has been appointed in another state.
- 7. Any attorney who has filed an appearance.
- 8. Publication: If there are heirs with an unknown address. (Must also file a Declaration of Intent to Give Notice by Publication, PC 617, and Publication of Notice of Hearing, PC 563).

I have received the Proof of Service form (PC564) and understand the requirements of notice. I also Understand that a hearing will not be held if the completed Proof of Service form is not returned to the Court five days prior to the scheduled hearing date.

RETURN COMPLETED PROOF OF SERVICE FORM TO:

Osceola County Probate Court
301 West Upton Ave
Reed City, MI 49677

Date

Signature of Petitioner

STATE OF MICHIGAN PROBATE COURT COUNTY OF OSCEOLA	NOTICE OF HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____ ,
Date Time
at Osceola County Probate Court Via ZOOM before Judge HON. TYLER THOMPSON P70870
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

Petition for Appointment of Guardian or Limited Guardian of Minor

*ZOOM INSTRUCTIONS ATTACHED

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Date

Attorney name Bar no.

Petitioner name

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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

VIDEO HEARING INSTRUCTIONS FOR JUDGE TYLER THOMPSON

FOR PARTICIPANTS USING SMART PHONES, TABLETS, or COMPUTERS:

1. Install the Zoom App
 - Smartphone or tablet (iPhone / Android): install ZOOM from the Play Store or App Store.
 - Computer, laptop, or notebook device with webcam: go to the ZOOM website (www.zoom.us).
2. Create an account using your email address and a password.
3. At the time of your virtual court hearing,
 - Smartphone or tablet, launch the Zoom app and sign into your account.
 - Computer, laptop, or notebook, go to the website (www.zoom.us) and sign into your account.
4. Then "join" the meeting using Meeting ID number **669 095 2625** (Judge Thompson's Zoom ID / PMR).
5. Follow the prompts! (They will be different for audio-only versus video + audio).

FOR PEOPLE CALLING IN FROM A LANDLINE OR MOBILE PHONE – AUDIO ONLY:

You can call the following number and still participate in the Zoom virtual hearing. Just call 646-876-9923 or 669-900-6833 then enter Meeting ID **669 095 2625** followed by the pound sign (#).

FOR PEOPLE SPECIFICALLY NOTICED TO APPEAR IN PERSON ONLY:

If you have COVID-19, or have been recently exposed to COVID-19, do not come to court. Call your attorney or court staff ASAP so that virtual arrangements can be made.

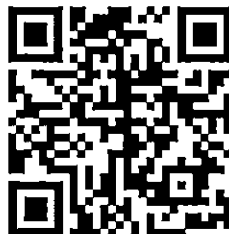
OBJECTIONS TO THE USE OF VIDEOCONFERENCING TECHNOLOGY:

Any person objecting to the taking of testimony via videoconferencing technology must call the court, obtain a hearing date for a Videoconferencing Objection Hearing (to be held prior to the currently scheduled hearing), and provide notice to all other interested parties of that Videoconferencing Objection Hearing. MCR 2.408(A)(2).

If you wish to appear in person for a hearing that has been noticed as a virtual hearing, you must notify the court in advance of your hearing. Without a written waiver, the attorney for any person who appears in person must also appear in person. MCR 2.407(B)(4). If you have an attorney and do not provide sufficient advance notice to the court and your attorney, it is possible that your request will be denied.

IMPORTANT ZOOM NOTES:

- Please ensure that you are muted when you log in so that you do not disrupt court proceedings.
- The court cannot provide technical assistance or troubleshooting. Download the app well in advance of your hearing. First-timers should "practice" the call using the above number at any time after 5:00 pm.
- This is a court hearing, not a "meeting" – a ZOOM hearing room is an extension of the court room.
- You must be somewhere quiet with a good Wi-Fi or 4G signal.
- Place your mobile device at eye level on a stationary surface – **DO NOT WALK AROUND**.
- If your technical issues cause a disruption, your call may be terminated.
- Appropriate conduct and attire is required, hats should be removed, and smoking is prohibited.



STATE OF MICHIGAN PROBATE COURT COUNTY OF OSCEOLA	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

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

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$ 0.00

Date

Signature

Name (type or print)

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

Instructions for Completing Proof of Service (PC 564)

A person filing a paper or document with the court must serve a copy on all interested persons. The person who obtains an order from the court must serve a copy of the order on all interested persons. MCR 5.107(A). It is the responsibility of the petitioner, fiduciary, or other moving party to prepare, serve and file notice of hearing for all matters requiring notification of interested persons. MCR 5.102. Accounts and reports required to be served on interested persons **will not be accepted for filing without proof of service.** MCR 5.104(A)(1).

"Serving" a document on a person means having the document delivered to that person. There are two main ways to serve documents: (1) by mail and (2) by personal delivery. If a person's address is unknown, they must be given notice by publication in a newspaper. A "proof of service" shows the court that a document was served as required by law.

WHO TO SERVE - Michigan Court Rule (MCR) 5.125 identifies Interested Persons – those required to be served – for many different types of probate proceedings, including guardianships, conservatorships, estates and trusts. Additionally, MCR 5.113(B)(1)(3) requires that a petition list the current name and address of interested persons, so you can find the information on the petition or a recent proof of service filed in the same matter. You can also get some of the other information for the Proof of Service from the document(s) you are serving.

When you complete the Proof of Service you should print neatly or use a typewriter. If you have Internet access, you can fill out the form online at <http://courts.michigan.gov/scao/courtforms/probate/pc564.pdf> and print it out. The numbered items below correspond to the numbers on the SAMPLE Proof of Service attached.

- 1 & 2 File no. - Fill in the trial court case name and number. You can copy this information from the first page of the document that you are serving.
3. Papers served - Fill in the name of each document you are serving. This is commonly found on the top of the first page of each document.

SERVICE BY MAIL

4. Check boxes – service by (regular) mail is generally required at least **14 days** before the date set for hearing, or an adjourned date. MCR 5.108(B).
5. Name of each person served by mail.
6. Address of each person served by mail.

7. Date of mailing - "... in a sealed envelope with first-class postage fully prepaid, addressed to the person to be served, and depositing the envelope and its contents in the United States mail. Service by mail is complete at the time of mailing." MCR 5.105(B)(2).

PERSONAL SERVICE

8. Check box – personal service is generally required at least **7 days** before the date set for hearing, or an adjourned date. MCR 5.108(A).
9. Name of person personally served.
10. Address where person personally served.
11. Date and time of personal service - may be made on an individual by handing the paper to the individual personally; leaving it at the person's usual residence with some person of suitable age and discretion residing there; or sending the paper by register or certified mail, return receipt requested, and delivery restricted to the addressee; but service is not complete until the individual receives the paper. MCR 5.105(B)(1).
12. Check box – If you are unable to serve an Interested Person because their whereabouts remain unknown *after diligent inquiry*, service must be made by publication. Generally, a notice required to be made by publication must be published in a newspaper in the county where the court is located one time at least **14 days** before the date of the hearing. Use PC 563-Publication of Notice of Hearing or PC 563a-Publication of Notice. A copy of the notice must be mailed to the person's last known address, if any is known. MCR 5.106.
13. Name of person(s) served by publication - PC 617-Declaration of Intent to Give Notice by Publication **MUST** be completed for EACH person receiving notice by publication and attached to the Proof of Service when filed. After notice by publication is given once, that person need not be served again unless their address becomes known during the proceedings. MCR 5.105(A)(3)
14. Your signature and date of signing - **By signing form PC 564, you are declaring, under penalty of perjury, that the information you put in the form is true and correct.**

Make enough copies of each document served and the Proof of Service for each person served, plus one copy for your own records. File the originals of all documents and the Proof of Service with the court.