

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	FILE NO.
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In the matter of _____
First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of ward
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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 DOB _____	Street address			
		City	State	Zip	Telephone No.
	Parent 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 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).

c. If this guardianship is terminated, the minor child will be returned to _____

(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

3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- a spouse adult child(ren) living parents whose name(s) and address(es) are listed below.
 - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
 - none of the above (must notify the Attorney General***).

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

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who has has not been suspended.
- 8. Appoint _____
 Name (type or print) Address

 City State Zip Telephone no.
 as successor guardian.
- 9. Appoint _____
 Name (type or print) Address

 City State Zip Telephone no.
 as a temporary guardian pending appointment of a successor.
- 10. 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.

_____	_____
Attorney signature	Petitioner signature
_____	_____
Name (type or print) Bar no.	Name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip Telephone no.	City, state, zip Telephone no.

NOMINATION BY MINOR:

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 _____