

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____PETITION FOR APPOINTMENT OF
GUARDIAN OF MINOR

FILE NO. _____

In the matter of _____, a minor
Last four digits of SSN **XXX-XX-** _____**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. The name of the tribe is _____☐ 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. The persons interested in this proceeding are:

* 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			
	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.

(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	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		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.
 - ☐ disappearance.
 - ☐ confinement in a place of detention.
 - ☐ judicial determination of mental incompetency. **OR**
 - ☐ a previous court order other than an order appointing a limited guardian of the minor.
 - ☐ judgment of divorce or separate maintenance.
- ☐ 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

Signature of petitioner

Address

City, state, zip Telephone no.

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.