

Approved, SCAO

**STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY**

**PETITION FOR APPOINTMENT OF
GUARDIAN OF MINOR**

FILE NO.

In the matter of _____, a minor
First, middle, and last name 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, aunt or 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 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).

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

4. The persons interested in this proceeding are:

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

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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. 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 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
_____, 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.

STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT KENT COUNTY	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 name		Parent's birth date		Parent's birth date
Father's name on minor's birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		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"/> Circuit <input type="checkbox"/> Probate _____ County		
Minors parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No		Minor's parents divorced from each other If yes, specify county of divorce <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 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
17TH JUDICIAL CIRCUIT
KENT COUNTY**

**NOTICE OF HEARING
(FULL GUARDIANSHIP)**

FILE NO.

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

TAKE NOTICE: A hearing will be held on _____ at _____,
Date Time

at _____ before Judge _____
Location Bar no.

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

FULL GUARDIANSHIP HEARING

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.

_____	_____	_____	_____
Attorney name	Bar no.	Petitioner name	Date
_____	_____	_____	_____
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).

Do not write below this line - For court use only

STATE OF MICHIGAN 17TH JUDICIAL CIRCUIT KENT COUNTY	ORDER APPOINTING PERSON TO REVIEW/INVESTIGATE GUARDIANSHIP	FILE NO.
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In the matter of _____, a minor
 a minor Indian child
 a legally incapacitated individual

1. It appears to the court that a review/investigation of this guardianship is required.

IT IS ORDERED:

2. For guardianship of the legally incapacitated individual,

 Name (type or print)

 Address

 City, state, zip Telephone no.

is appointed to review this guardianship, to visit with the incapacitated individual, and to report to the court.
 (may use PC 636 to report to court)

The review shall be completed and a report filed with the court no later than _____
 Date

3. For guardianship of the minor,

**THE MICHIGAN DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

 Name
121 FRANKLIN STREET SW

 Address
GRAND RAPIDS, MI 49507 (616) 248-1000

 City, state, zip Telephone no.

Is appointed to investigate and to report to the court regarding:

- the proposed full guardianship under MCL 700.5204(2) as required by MCR 5.404 (A)(2), including a home study of the guardian's home, criminal history and central registry clearance on all adults living in the purposed guardian's home.
- a review of the guardianship in reference to the factors stated in MCL 700.5207(1). (may use PC 655 to report to court)
- the petition to modify or terminate the guardianship, including reference to the best interests of the minor as applicable.
- whether a petition has been filed with the family division of circuit court, and if not, why not.
- the proposed limited guardianship under MCL 700.5205 as required by MCR 5.404 (A)(2), including a home study of the guardian's home, criminal history and central registry clearance on all adults living in the purposed guardian's home.

4. The investigation shall be completed and a report filed with the court no later than _____
 Date

 Date Judge Mark A. Trusock P38156

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DEFINITION

"Best Interests of the Minor" [MCL 700.5101(a)(i-xii)]

As used in minor guardianship proceedings, "best interests of the minor" means the sum total of the following factors to be considered, evaluated, and determined by the court. You must address each of these factors in your report to the court.

1. The love, affection, and other emotional ties existing between the parties involved and the child.
2. The capacity and disposition of the parties involved to give the child love, affection, and guidance and to continue educating and raising of the child in the child's religion or creed, if any.
3. The capacity and disposition of the parties involved to provide the child with food, clothing, medical care or other remedial care recognized and permitted under the laws of this state in place of medical care, and other material needs.
4. The length of time the child has lived in a stable, satisfactory environment, and the desirability of maintaining continuity.
5. The permanence, as a family unit, of the existing or proposed custodial home.
6. The moral fitness of the parties involved.
7. The mental and physical health of the parties involved.
8. The home, school, and community record of the child.
9. The reasonable preference of the child, if the court deems the child to be of sufficient age to express preference.
10. The party's willingness and ability to facilitate and encourage a close and continuing parent-child relationship between the child and his or her parent or parents.
11. Domestic violence regardless of whether the violence is directed against or witnessed by the child.
12. Any other factor considered by the court to be relevant to a particular dispute regarding termination of a guardianship, removal of a guardian, or parenting time.

STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY

ORDER REGARDING APPOINTMENT OF
GUARDIAN OF A MINOR

FILE NO.

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

USE NOTE: Use form PC 653-I if the minor is an Indian child.

1. Date of hearing: _____, _____ Bar no.

THE COURT FINDS:

- 2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.
- 3. The minor named above is not in need of a guardian.
- 4. The minor named above is unmarried and is in need of a guardian because
 - a. parental rights of both parents or of the surviving parent have been
 - terminated suspended by
 - prior court order. judgment of divorce or separate maintenance.
 - death. judicial determination of mental incompetency.
 - disappearance. confinement in a place of detention.
 - or b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.
 - or c. the biological parents of the minor were never married to each other, the custodial parent has
 - died, disappeared, 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.
- 5. The minor named above is unmarried, and the custodial parent(s) consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.
- 6. The welfare of the minor will be served by the appointment,
 - and by payment of reasonable support. reasonable parenting time and contact by the parent(s).
- 7. There is no qualified, suitable individual willing to act as guardian, and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.

IT IS ORDERED:

- 8. The petition is granted. denied on the merits. dismissed/withdrawn.
- 9. _____, whose address and telephone number are

Name (type or print) _____
 Address _____ City _____ State _____ Zip _____ Telephone no. _____

is appointed full limited temporary guardian of the minor named above, and an acceptance of appointment shall be filed. Personal bond at \$ _____ must be filed.

The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

- 10. This appointment is regular. temporary, expiring on _____.
- 11. Parenting time shall be as stated in the placement plan. Date _____
- 12. Child support shall be paid: _____ as stated in the placement plan.
- 13. The attorney guardian ad litem lawyer-guardian ad litem for the minor is discharged.
- 14. Other:

THE GUARDIAN SHALL NOT DO ANY OF THE FOLLOWING WITHOUT PRIOR WRITTEN COURT APPROVAL.

- 1. Return the ward / child to the parent
- 2. Change the residence or domicile of the ward / child
- 3. Take or allow the child to be taken out of the State of Michigan; or
- 4. Issue a Power of Attorney allowing another to act on behalf of the ward / child

Date Judge

Attorney name (type or print) Bar no.

Address City State Zip Telephone no.

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STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY

ACCEPTANCE OF APPOINTMENT
(FULL GUARDIAN)

FILE NO.

In the matter of _____

1. I have been appointed FULL GUARDIAN of the person/estate.
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of _____ days from the date of my appointment I exclude from the scope of my responsibility the
not to exceed 91 days

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.

Attorney Name (type or print) Bar no.

Attorney Address

City, state, zip Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

Date of birth

USE NOTE: Each co-guardian must sign an Acceptance of Appointment form.

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**STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY**

LETTERS OF GUARDIANSHIP

FILE NO.

In the matter of _____

TO:

1. You have been appointed by will or other witnessed writing by the court as _____ guardian of the individual named above. Type of guardian (full, limited, temporary, etc.)

2. Having filed an acceptance of appointment, you have the care, custody, and control of that individual:

a. together with all authority and responsibilities granted and imposed by law.

b. except as follows:

THE GUARDIAN SHALL NOT DO ANY OF THE FOLLOWING WITHOUT PRIOR WRITTEN COURT APPROVAL:

- 1. Return the ward / child to the parent
- 2. Change the residence or domicile of the ward / child
- 3. Take or allow the child to be taken out of the State of Michigan; or
- 4. Issue a Power of Attorney allowing another to act on behalf of the ward / child

c. as to the following powers and responsibilities only:

3. These letters of guardianship expire on _____
Date

Letters of guardianship expire annually and will not be renewed until all filing requirements have been completed by the guardian(s).

Date

Judge

Bar no.

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

SEE NOTICE OF DUTIES ON SECOND PAGE

I certify that I have compared this copy with the original on file and that it is a correct copy of the whole of such original, and on this date, these letters are in full force and effect.

Date

Deputy Clerk

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NOTICE CONCERNING LETTERS OF GUARDIANSHIP

Effective January 1, 2012, all new and reissued Letters of Guardianship will expire annually on the date which is 8 weeks beyond the anniversary date of the appointment of the guardian(s). Letters will not be renewed until all annual filing requirements have been completed by the guardian(s): filing of the Annual Report in all guardianships and filing of Proof of Service of the Annual Report on all Interested Persons in developmentally disabled and adult guardianships. There is no fee to renew Letters.

NOTICE OF DUTY TO VISIT

You are **required** by law to visit the individual for whom you are guardian at least once every three months.

NOTICE OF REPORTING DUTIES

You are **required to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the Circuit Court or you may find them on line at www.accesskent.com. Select the Courts/Law Enforcement tab; select Circuit Court. On the left column select Minor Guardianships.**

CHANGE IN PLACE OF RESIDENCE or PHONE: You are required to promptly inform the court of any change in the ward's residence and/or telephone number within 14 days of the change. You are also required to keep the court and interested persons informed in writing within 7 days of any change in your address and/or telephone number.

ANNUAL REPORT:

Your Annual Report on condition of ward is due on _____ of each year. (Use form PC 634 or PC 654)
Date

In addition, you must serve the report on the ward and interested persons as specified in the Michigan Court Rules and file Proof of Service with the court. (PC564)

ACCOUNTS: You must file with this court once a year, either on the anniversary date of your letters of authority or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. On termination of the individual's disability, you shall account to the court or to the individual or that individual's successors. **The accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.** (Use form PC 583 or PC 584: "Account")

ONGOING DUTY TO REPORT: Pursuant to MCL 700.5319(2), if a conservator has not been appointed for the ward's estate and you determine that there is more cash or property that is readily convertible into cash in the ward's estate than was estimated by the guardian ad litem and reported to the court, you must report the amount of the additional cash or property to the court.

DEATH OF WARD: If the ward dies during the guardianship, you must give written notification to the court within 14 days of the individual's date of death. If accounts are required to be filed with the court, a final account must be filed within 56 days of the date of death.

DELEGATION OF DUTIES: You are required by law to notify the court when you delegate duties under a durable power of attorney.

ATTENTION: The above provisions are reporting duties only and are not the only duties required of you. These mandatory provisions are specified in court rules adopted by the Michigan Supreme Court. Your failure to comply may require the court to appoint a special fiduciary in your place and to suspend your powers. This may result in your removal as fiduciary. The court is prohibited by statute from giving you legal advice.

KEEP THIS NOTICE FOR FUTURE REFERENCE

STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY

PROOF OF SERVICE

FILE NO.

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

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