

**STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY****PETITION FOR APPOINTMENT OF
LIMITED GUARDIAN OF MINOR****FILE NO.**

In the matter of _____, a minor
First, middle, and last name XXX-XX-
Last four digits of SSN

1. I am interested in this matter and make this petition as custodial parent of the minor.

☐ 2. 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.

3. 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 (only if different than above)

City/Township State Zip

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

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. 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			
	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.

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

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

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

Signature of custodial parent

Address

City, state, zip Telephone no.

Date

Signature of custodial parent

Address

City, state, zip Telephone no.

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.

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).

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 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**

**ORDER APPOINTING PERSON TO
REVIEW/INVESTIGATE GUARDIANSHIP**

FILE NO.

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**

**LIMITED GUARDIANSHIP
PLACEMENT PLAN**

FILE NO.

In the matter of _____, a 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:

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 circle each day you plan to visit) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa
 from: (please specify the time and circle either a.m. or p.m.) _____ ☐ a.m. ☐ p.m. to _____ ☐ a.m. ☐ p.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:

SEE OTHER SIDE FOR REMAINING PLANS

Do not write below this line - For court use only

Approved:

Date

Judge

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

Telephone no.

City, state, zip

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

Telephone no.

City, state, zip

Telephone no.

Date of birth

Drive license no. or other identification

Date of birth

Drive license no. or other identification

**STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY**
**ORDER REGARDING APPOINTMENT OF
LIMITED 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.

☐ death.

☐ disappearance.

☐ judgment of divorce or separate maintenance.

☐ judicial determination of mental incompetency.

☐ 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. _____

Do not write below this line - For court use only

MCL 700.5106, MCL 700.5204, MCL 700.5205, MCL 700.5212, MCL 700.5213, MCR 5.402(E)

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

**ACCEPTANCE OF APPOINTMENT
(LIMITED GUARDIAN)**

FILE NO.

In the matter of _____

1. I have been appointed LIMITED 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.

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.

Date of birth

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

Do not write below this line - For court use only

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

LETTERS OF GUARDIANSHIP

FILE NO.

In the matter of _____

TO:

Name and address

Guardian's Telephone Number

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

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

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	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL 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