

Approved. SCAO

**STATE OF MICHIGAN  
17<sup>TH</sup> JUDICIAL CIRCUIT  
KENT COUNTY**

**PETITION TO MODIFY  
MINOR GUARDIANSHIP**

**FILE NO.**

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



**STATE OF MICHIGAN  
17<sup>TH</sup> JUDICIAL CIRCUIT  
KENT COUNTY**

**NOTICE OF HEARING  
(PETITION TO MODIFY 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)

**PETITION TO MODIFY GUARDIANSHIP**

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

<b>STATE OF MICHIGAN 17<sup>TH</sup> JUDICIAL CIRCUIT KENT COUNTY</b>	<b>ORDER APPOINTING PERSON TO REVIEW/INVESTIGATE GUARDIANSHIP</b>	<b>FILE NO.</b>
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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  
17<sup>TH</sup> JUDICIAL CIRCUIT  
KENT COUNTY**

**ORDER REGARDING MODIFICATION  
OF MINOR GUARDIAN**

**FILE NO.**

In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

**THE COURT FINDS:**

- 2. Notice of hearing was given to or waived by all interested persons.
- 3.  a. A petition to  terminate  modify a  guardianship  conservatorship was filed with this court and should be  granted.  denied.  dismissed.
- b. On the court's own motion, the  guardianship  conservatorship should be  terminated  modified.
- 4. The fiduciary  should be removed and a successor appointed.  
 should be permitted to resign and a successor appointed.  
 has died or become disabled and a successor must be appointed.  
 is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.
- 5. The individual  continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.  
 continues to be a person in need of a conservator.  
 is a minor who continues to need a guardian.  
 is no longer in need of a  guardian.  conservator.
- 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.
- 7. A coguardian is necessary.

**IT IS ORDERED:**

- 8. The petition is  granted.  denied on the merits.  dismissed/withdrawn.
- 9. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.
- 10. \_\_\_\_\_ is  removed  permitted to resign as \_\_\_\_\_.  
Name of fiduciary Type of fiduciary  
 S/he shall file with this court and serve on the interested persons a final account no later than \_\_\_\_\_.  
Date

(SEE SECOND PAGE)

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11. \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ is appointed  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ is appointed  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

a. successor  full  limited  temporary **guardian** of the individual and qualifies by filing an acceptance of appointment.  Bond is fixed at \$ \_\_\_\_\_.

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.

The temporary guardian shall serve until \_\_\_\_\_ with the following powers: \_\_\_\_\_  
Date

b. Child support shall be paid:  as stated in the placement plan.

\_\_\_\_\_

c.  successor  special **conservator** shall have the following powers: \_\_\_\_\_

An acceptance of appointment is to be filed.  Bond is fixed at \$ \_\_\_\_\_.

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

12. The  guardianship  conservatorship is  terminated  modified as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The  attorney  guardian ad litem for the individual is discharged.

14. Other:

15. The matter is  closed.  not closed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

**STATE OF MICHIGAN  
17<sup>TH</sup> JUDICIAL CIRCUIT  
KENT COUNTY**

**MODIFIED  
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](http://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  
17<sup>TH</sup> 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	<b>TOTAL FEE</b>
\$		\$	
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