

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

PETITION FOR TEMPORARY  
GUARDIAN OF MINOR

FILE NO.

In the matter of \_\_\_\_\_

1. I have filed a Petition for Appointment of Guardian of Minor in this matter on \_\_\_\_\_.  
Date Filed

2. The information in my Petition for Appointment of Guardian of Minor is complete and accurate.

3. A temporary guardian is necessary because (state facts)

4. **I REQUEST** that the court appoint a temporary guardian in this matter.

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.	Petitioner name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip Telephone no.	City, state, zip Telephone no.

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

**NOTICE OF HEARING  
(TEMPORARY GUARDIAN)**

**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)

**TEMPORARY 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).

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STATE OF MICHIGAN  
17TH JUDICIAL CIRCUIT  
KENT COUNTY

ORDER REGARDING APPOINTMENT OF  
TEMPORARY GUARDIAN

FILE NO.

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

USE NOTE: Use form PC 653-1 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  
17<sup>TH</sup> JUDICIAL CIRCUIT  
KENT COUNTY**

**ACCEPTANCE OF APPOINTMENT  
(TEMPORARY GUARDIAN)**

**FILE NO.**

In the matter of \_\_\_\_\_

1. I have been appointed TEMPORARY 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.

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

**TEMPORARY  
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 TEMPORARY  
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.

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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 N/A 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**

<b>STATE OF MICHIGAN</b> <b>17<sup>TH</sup> JUDICIAL CIRCUIT</b> <b>KENT COUNTY</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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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	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Type or Print)

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