

Approved. SCAO

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

**PETITION TO TERMINATE
MINOR GUARDIANSHIP**

FILE NO.

In the matter of _____

First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of ward
-----------	---------------	------	-----	-------------------------

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

3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- a spouse adult child(ren) living parents whose name(s) and address(es) are listed below.
- no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
- none of the above (must notify the Attorney General***).

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

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

5. Terminate the guardianship.
6. Accept the guardian's resignation.
7. Remove the guardian who has has not been suspended.
8. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as successor guardian.

9. Appoint _____

Name (type or print)

Address

City

State

Zip

Telephone no.

as a temporary guardian pending appointment of a successor.

10. Modify the powers of the guardian as follows: _____
- _____
- _____

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

Attorney signature

Petitioner signature

Name (type or print)

Bar no.

Name (type or print)

Address

Address

City, state, zip

Telephone no.

City, state, zip

Telephone no.

NOMINATION BY MINOR:

- I am 14 years of age or older. I nominate _____ as my guardian, who lives at _____

Name

Address

City

State

Zip

Date

Signature of minor

STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT
KENT COUNTY

NOTICE OF HEARING
(PETITION TO TERMINATE
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 TERMINATE 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

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

Do not write below this line - For court use only

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.

<p align="center">STATE OF MICHIGAN 17THJUDICIAL CIRCUIT KENT COUNTY</p>	<p align="center">ORDER TO TERMINATE MINOR GUARDIANSHIP</p>	<p>FILE NO.</p>
--	--	------------------------

In the matter of _____, a minor

1. Date of hearing: _____ Judge: _____ Bar no. _____
2. Notice of hearing was given to or waived by the interested persons.
3. The court made findings of fact and conclusions of law on the record.

THE COURT FINDS:

- 4. This is a limited guardianship.
 - a. The parent(s) of the minor has/have substantially complied with the limited guardianship placement plan.
 - b. The parent(s) of the minor has/have not substantially complied with the limited guardianship placement plan, and it is in the best interests of the minor that the guardianship be continued. terminated.
- 5. This is a full guardianship, and it is in the best interests of the minor that the guardianship be continued. terminated.
- 6. The minor has resided with the guardian for more than one year and the parent(s) has/have not provided the minor with the parental care, love, guidance, and attention appropriate for the child. A substantial disruption of the parent-child relationship has resulted. There is clear and convincing evidence that it is in the best interests of the minor to continue the guardianship.
- 7. The court previously entered an order continuing the guardianship for a period not exceeding one year from the date of the hearing.
- 8. An attorney a lawyer-guardian ad litem should be appointed to represent the minor or the matter should be referred to the Michigan Department of Human Services for further investigation.

IT IS ORDERED:

- 9. The guardianship is terminated, the letters of guardianship are cancelled, and the guardian is discharged.
- 10. The guardianship shall terminate within six months of the date of this order as follows
 - a. On _____ the minor shall return to the home of _____.
 - Date Name(s)
 - b. The minor shall be reintegrated into the home of the parent(s) as follows: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

10. c. The Michigan Department of Human Services shall supervise the transition period and shall provide services necessary to facilitate the minor's reintegration into the parental home. These services shall include the following:

11. The guardianship is continued until _____ . further order of the court.
Date

further order of the court, but in no event for more than one year from the date of this hearing.

a. The parent(s) _____ shall comply with (Select only one of the following.)
Name(s)

- the existing limited guardianship placement plan.
- a court-modified limited guardianship placement plan.
- the following court-structured plan: _____

b. A review hearing will be held on _____ at _____ .
Date Time

12. The Michigan Department of Human Services shall:

_____, attorney,
Attorney name lawyer-guardian ad litem, is appointed to

investigate and, within 21 days, report to the court: 1) that a petition has been filed in the _____ court for a child protective proceeding concerning the minor, or 2) why a petition has not be filed.

The minor shall remain in the care and custody of the guardian and the last order of the court shall remain in full force and effect.

The hearing on the review of the guardianship shall be continued until _____
Date
at _____ .
Time

13. The guardianship shall continue during the remainder of the one-year period as previously ordered and shall terminate on _____ . Pending termination of the guardianship, the parent(s)

_____ shall comply with (Select only one of the following.)
Name(s)

- the terms of the last order continuing the guardianship.
- the attached court-modified limited guardianship placement plan.
- the following court-structured plan: _____

14. The petition is denied on the merits. dismissed.

_____ Date

_____ Judge

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