

Filing Fee \$187.00

Petition for Guardianship of a Minor

Please read this packet.

Your petition and other forms
will **NOT** be accepted if not properly filled out.

Forms included in this packet:

1. Petition for Appointment of Guardian of Minor (PC 651)
2. Minor Guardianship Social History (PC 670)
3. Guardianship Agreement/Restrictions
4. Notice of Hearing (Petition for Guardianship of a Minor) (SH 198)
5. Proof of Service (Petition for Guardianship of a Minor) (PC 564-SH)
6. Order Regarding Appointment of Guardian/Limited Guardian of a Minor (PC 653)
7. Acceptance of Appointment (PC 571)
8. Letters of Guardianship (Guardianship of a Minor) (SH 190)
9. Minor Guardian/Conservator Records Check Release (991)
10. Central Registry Clearance Request (DHS 1929)
11. Annual Report of Guardian on Condition of Minor (PC 654)



INSTRUCTIONS FOR COMPLETING PETITION FOR GUARDIANSHIP OF A MINOR

Self Help Legal Resource Center
811 Port Street, St. Joseph, MI 49085 • 269.983.7111
1205 N. Front Street, Niles, MI 49120 • 269.684.5274 Ext. 6202

This complete packet for Guardianship needs to be filled out as much as possible. Call and make an appointment at the Self-Help Legal Resource Center for a Thursday or Friday to obtain a case number and Judge assigned to your case. Then, your case will be filed in the Probate Division. Once approval is given from the Probate division, you will be called concerning any correction to be completed, and given a hearing date.

Records Check Release/Central Registry Clearance

Each proposed guardian and any other adults living in the home **must complete, sign and date the information required on this form**. The Probate Court will do a routine background check on each proposed guardian. Please follow the instructions closely on each form. These forms will be placed in a sealed confidential envelope after the Judge reviews the results and will not be part of the public record. (If there is more than one guardian you will need to make a copy of the Central Registry Clearance so that each proposed guardian can fill one out. There is room on the records check release for two people to complete and **sign**.) **A clean copy of your driver's license or photo ID for each proposed guardian must accompany your filing.** The name and address on your ID must be current and must match the address on the Petition.

Affidavit for Suspension of Fees and Costs

If, as proposed guardian, it would impose a hardship to pay the filing fee of \$187.00, you may complete the Affidavit to Suspend Fees. Please be sure to complete every line of the form, and if a line does not apply to you please put N/A. **DO NOT** sign the form until you are in front of a Notary Public or Deputy Register. The Judge will review the form after you submit the paperwork. If approved we will process the paperwork and be in touch with you. If the waiver of fees is not approved we will contact you and ask that you bring in the filing fee before we can process the paperwork. (Note: If the minor is 14-17 years of age they may petition the Court to ask for a guardian and there is no filing fee in that circumstance)

Petition for Appointment of Guardian of Minor (PC 561)

To begin your Guardianship you must file several papers. A "Petition for Appointment of Guardian of a Minor" is one of those papers. The Petition states the basic facts about your guardianship and asks the Court to make a decision about any guardianship matters, you will need to provide the Court with a copy of the **minor's birth certificate**.

Please print neatly.

1. Do not fill in the "Case No." box. The Probate Clerk will give you a case number later.
2. The Petition must be legibly typed or printed in blue or black ink (in the English language).
3. Next to "In the matter of _____", fill in the minor's FULL name, then the last four digits of the minor's Social Security number at the end of the line.
4. Paragraph 1. Fill in the person with care/custody of minor and your relationship to minor (i.e., grandparent, aunt or uncle, friend, limited guardian, etc.).
5. Paragraph 2. Fill in minor's date of birth, check the box that applies for gender. Fill in the complete county and address. Next line, fill in the county only and add an address if different than above. Check the next box if the minor is a citizen of a foreign country.
6. Paragraph 3. Check the box that applies.

7. Paragraph 4. List the **FULL** names of the father, mother, and person with care/custody of minor, date of birth, address and telephone number. If the father is not on the birth certificate and paternity has not been established, print: **Father's Paternity not Established** in the father's name. If one or both of the parents are deceased, fill in their names and write **Deceased** after the name(s). You will need to provide the court with a death certificate(s).
If neither parent is living, fill in the complete full names and address of the minor's grandparents and nearest of kin who are adults. Under the graph fill in if any of the person's listed above are under any legal incapacity.
8. Paragraph 5. The court needs to know if there are court cases involving your family. If there have been no other court cases, go to paragraph 6. If there have been other court cases, fill in the information asked for. You will need to provide the Probate Court with a copy of the final order in that case.
9. Paragraph 6. The minor is in need of a guardian because: check a, b, or c.
10. Paragraph 7. Temporary guardianships are granted only in life/death situations or if the child is in grave danger for any reason. If this does not apply, do not fill out this part.
11. Paragraph 8. Fill in the proposed guardian's name, address, and telephone number.
12. Paragraph 9. Check the box(es) that apply.
13. When you are ready to file your case, write in today's date, sign your name, address and telephone number. If there is a co-guardian, they will also need to write in today's date, sign, address, and telephone number.
14. Paragraph 10. If the minor is 14 years of age or older he/she may nominate a guardian(s). Fill in full name(s) and address. Minor needs to sign their name, address, and telephone number.

MCL 700.5204, MCL 700.5213, MCR 5.125(C)(19), MCR 5.404

Minor Guardianship Social History (PC 670)

Each proposed guardian must complete a Social History. If there is more than one proposed guardian you will need to make a copy of the Social History form. These forms will be placed in a sealed confidential envelope after the Judge has reviewed them and will not be part of the public record. Please print neatly. Fill in with complete full names, addresses, and detail. No abbreviations.

MCR 5.404(A)(4)

Order Regarding Appointment of Guardian/Limited Guardian of Minor (PC 653)

Check the box that applies to this guardian.

1. Provide the child's full name.
2. Under THE COURT FINDS: check the boxes that apply to your situation. Under #4 a, b, or c, this should match what you checked on the Petition for appointment of guardian of minor (PC 651) #6. Check box #9, and enter the guardian(s) name(s), address and telephone number. Next, check the type of guardianship.

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

Acceptance of Appointment (PC 571)

Each proposed guardian will need to complete this form. If there is more than one proposed guardian you will need to make a copy. Please provide the child's full name on the first line. In #1 you will need to fill in Full Guardian or Limited Guardian, depending on the petition filed. You will need to complete the section at the bottom including date, signature and contact information.

MCL 700.3601, MCL 700.3602, MCL 700.5214, MCL 700.5301, MCL 700.5307, MCL 700.5412, MCL 700.7202, MCR 5.501

Letters of Guardianship (PC 633)

Provide the child's full name on the first line. Please complete the name and address and guardian's telephone number boxes.

1. Check the box by the court as _____ (Type the guardian (full, limited, temporary, etc.).
2. Paragraph 2. Check a. Go to the next form.

MCL 330.1631, MCL 700.5103, MCL 700.5214, MCL 700.5215(f),(g), MCL 700.5414(a), (e), MCL 700.5417, MCR 5.202, MCR 5.402(D), MCR 5.405(C), MCR 5.406(A), MCR 5.409

Guardianship Agreement form

Please print neatly.

1. In the mater of " _____ ", fill in the minor's full name.
2. Read the Guardianship Agreemtn/Restrictions.
3. The proposed Guardian(s) MUST sign this form. If the parents' signatures cannot be secured, the Court will accept the form without them.

Petition for Appointment of Limited Guardian of Minor (PC 650)

In the event that the parent is going to nominate a person/persons to be guardian of their child, they will fill out this form. The parent/parents MUST be the petitioner(s). The directions are similar to the Petition to appoint full guardian. Please follow those directions when completing this form. Contact a Self-Help Legal Resource Center staff if you need this form.

MCL 700.5205, MCR 5.125(C)(19), MCR 5.404

Limited Guardianship Placement Plan

The parent(s) must complete this form to give the Court their plan for having the child returned to their custody at some point in the future.

Notice of Hearing (PC 562)

Please print neatly.

1. "In the matter of _____" fill in the minor's **FULL** name.
2. You do not have a hearing date or time: proceed to the location and fill in: **Berrien County Probate Court, 811 Port Street, St. Joseph, MI 49085**. If you cannot fit all of the address on the line, continue under the location line.
3. Next, for the following purpose(s): (state the nature of the haring): **Petition for Guardianship of a Minor**.
4. When you are ready to file your case, sign your name, address, and telephone number. Do not date this form until you have a hearing date.
5. Once your packet is completely filled out and ready for filing, it will be assigned a case number and Judge. Then, it will be sent to Probate Court Registrar for approval. Next, you will be notified by Probate Court or the Self-Help Legal Resource Center if corrections or additional information is needed. Filing fee will be addressed and you will be given a hearing date.

MCL 700.1401, MCL 710.21 et seq., MCR 3.802(A)(3), MCR 5.102, MCR 5.109(2)

Proof of Service (pc 564)

1. Provide the child's full name on the first line

2. Paragraph 1: Indicate the paperwork that was served to them (In most cases it will be Petition for Appointment of Guardian of Minor and Notice of Hearing. If other paperwork is served on them you will need to include that as well)
3. Paragraph 2: Identify your method of service, whether by first-class mail, registered/certified (copy of return receipt attached) or personal service. Provide the parent's name and address. This form will be dated at a later date.
4. Be sure to sign the bottom of the form before submitting to the Court once your case receives an approval from Probate Court. You will be contacted by the court with a hearing date. You will then be asked to mail a copy of the Petition for Appointment and Notice of Hearing to the interested parties. Date the original proof of service and file with Probate Court.

MCL 700.1306, MCL 700.1401, MCR 5.104(A), MCR 5.105, MCR 5.107

Waiver/Consent (PC 561)

If you are in contact with the parent(s) and they are agreeable to the appointment of you as guardian you can have them complete the waiver.

1. Provide the child's full name on the first line.
2. Depending on which parent, they are interested in the matter as Mother or Father.
3. : They are consenting to appointment of guardian of minor.
4. They are waiving notice of Petition for Appointment of Guardian of Minor. They should date, sign and complete the contact information at the end of the form.

MCL 700.1402, MCR 5.104(B)

IN THE EVENT THAT EITHER PARENT OR BOTH CANNOT BE LOCATED OR ARE UNCOOPERATIVE AND THEY CANNOT BE SERVED BY MAIL OR IN PERSON PLEASE FOLLOW THE INSTRUCTIONS BELOW

Affidavit Regarding Attempts to Locate Parent of Minor Child

If you made attempts to find both parents you will need to fill out one form for each parent. If necessary you will need to make a copy of the form provided. Please complete each form specifying the date of attempted contact, the method and outcome, as set forth in the table on the form. Please be sure to sign the form in front of a notary before you submit it to the Court. Please ask the Self-Help Legal Resource Center staff for this form.

Publication of Notice of Hearing (PC 563)

After you receive a hearing date and related information from the Court you will need to publish the information specifically to the parents in a Berrien County newspaper. (Please note that mailers such as The Berrien County Record, Harbor County News, Herald Palladium, UJournal Era, New Buffalo Time, South Bend Tribune, and Tri-City Record. (Please note that mailers such as the The Trade Lines and MailMax are not acceptable for publication.)

1. Provide the child's full name.
2. TO ALL INTERESTED PERSONS including: provide the parent's full name(s).
3. Fill in the hearing for date, time, and location: Berrien County Probate Court, 811 Port Street, St. Joseph MI 49085 or South County Building, 1205 N. Front Street, Niles, MI 49120; Judge's name and bar number, date and sign, address, telephone number.
4. In the space after the phrase "for the following purpose" you will insert 'Petition for Appointment of Guardian of Minor'

5. Go to: PUBLISH ABOVE INFORMATION ONLY and insert **Publish 1 time(s)** in Name of insert **publication in Berrien County**. Furnish 1 copies to Probate Court. Forward statement for publication charges to guardian.

MCL 700.1401(1), MCL 700.3403, MCL 700.5405, MCR 5.105(A)(3), MCR 5.106, MCR 5.308(B)(2)(b)

Take the form to a Berrien County newspaper of your choice for publication. This must be published at least 14 days prior to the hearing date. If the publication is not done in a timely manner your hearing will need to be rescheduled. It is best to get the publication done as soon as possible so that you will not run into that issue.

Annual Report of Guardian on Condition of Minor (PC 654)

This form is going to be due every year on the anniversary of your appointment (see below). Please make copies of the form so that you will always have a supply on hand and will be able to file your report in a timely manner. This report will be due each year until the child turns 18 or until further court order.

MCL 700.5215(f), MCR 5.409(A)

****IMPORTANT: GUARDIAN REQUIREMENTS****

After your appointment as guardian you will be given certified Letters of Guardianship as your legal document of authority to make decisions for the child. Please read both sides of that form carefully. There will be information given on the back of the Letters of Guardianship that will be the due date for your annual guardianship report. The report will be due *every year* on that date. If you are late you will be sent a deficiency notice and will be required to appear before the Judge and explain why the report was not timely. Please be sure to mark your calendar so that each year your report is filed within two weeks prior to two weeks after the due date. You will not find it necessary to appear before the Judge if the report is received in a timely manner.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	FILE NO.
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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).

4. 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.

(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

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.

None of these persons are 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. judgment of divorce or separate maintenance.
- 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
/s/
Signature of petitioner

Address

City, state, zip Telephone no.

Date
/s/
Signature of petitioner

Address

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
/s/
Attorney signature

Attorney name (type or print) Bar no.

Signature of minor

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	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		
Minor's 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's 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

In the matter of _____, minor

The guardian cannot consent to the marriage or adoption of the minor, cannot consent to a power of attorney *over* the minor and cannot *remove* the minor from the State of Michigan without the prior approval of this Court. Further, the guardian shall not allow the minor to reside in any other residence including the home of the child's parent without the prior approval of the Court. **Both the guardian and the parent may be found in contempt of Court and jailed for disobeying this order.**

WE EACH UNDERSTAND THE ABOVE RESTRICTIONS ON THIS GUARDIANSHIP MATTER.

Date: _____

GUARDIAN

GUARDIAN

Date: _____

PARENT

PARENT

BERRIEN COUNTY PROBATE COURT/FAMILY COURT

File Name: _____

File Number: _____

MINOR GUARDIAN/CONSERVATOR
RECORDS CHECK RELEASE

Please be informed that the Berrien County Probate Court routinely completes guardian/conservator investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Children's Protective Services Central Registry check and a /criminal/driving history/prior bankruptcy check through LEIN or other services. Please provide the following information regarding the proposed guardian(s)/conservator(s). **PRINT CLEARLY. Attach photo identification** (e.g. a copy of your driver's license).

NAME: _____

NAME: _____

RACE: _____ GENDER: _____

RACE: _____ GENDER: _____

MAIDEN NAME/NAME
PREVIOUSLY USED: _____

MAIDEN NAME/NAME
PREVIOUSLY USED: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY#: _____

SOCIAL SECURITY#: _____

DRIVERS LICENSE #: _____

DRIVERS LICENSE #: _____

COMPLETE NAMES OF _____
ALL OTHER CHILDREN _____
AND ADULTS LIVING IN _____
THE HOUSE _____

COMPLETE NAMES OF _____
ALL OTHER CHILDREN _____
AND ADULTS LIVING IN _____
THE HOUSE _____

I authorize the Berrien County Probate Court to request information about me/us from the Michigan Family Independence Agency or other human services agencies (e.g., Michigan Department of Human Services) as may be appropriate and I also authorize a criminal/driving history/prior bankruptcy check through LEIN or other services.

DUE DATE: _____

Date

Signature of proposed guardian(s)/conservator(s)

Street Address

City, State, Zip

COMMENTS

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

Employers/Volunteer Agencies will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

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)

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.

Date

Attorney name Bar no.

Petitioner name

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).

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 PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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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	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

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of _____

1. I have been appointed _____ 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: 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

11. _____
 Name Address
 _____ is appointed
 City State Zip Telephone no.

 Name Address
 _____ is appointed
 City State Zip Telephone no.

a. successor **guardian of the incapacitated individual** and qualifies by filing an acceptance of appointment. The guardian shall have the following powers:

full guardian with all authority and responsibilities granted and imposed by law.

except as follows: _____

limited guardian with only the following powers: _____

temporary guardian and shall serve until _____ with the following powers: _____
 Date

In addition, guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

Bond of \$ _____ 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.

b. successor full limited temporary **guardian of the minor child** and qualifies by filing an acceptance of appointment. Bond of \$ _____ 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.

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

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

c. successor special **conservator** and shall have the following powers: _____

An acceptance of appointment is to be filed. Bond of \$ _____ must be filed.

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:

The Guardian cannot consent to the marriage or adoption of the minor, cannot consent to a power of attorney over the minor and cannot remove the minor from the State of Michigan without the prior approval of this Court. Further, the guardian shall not allow the minor to reside in any other residence including the home of the child's parent without the prior approval of this Court. Both the guardian and the parent may be found in contempt of Court and jailed for disobeying this order. The Friend of the Court shall redirect current support due on behalf of the child(ren) to the person with whom the child(ren) is/are placed so long as that person is not receiving foster care maintenance payments.

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
PROBATE COURT
COUNTY OF

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 cannot consent to the marriage or adoption of the minor, cannot consent to a power of attorney over the minor and cannot remove the minor from the State of Michigan without the prior approval of this Court. Further, the guardian shall not allow the minor to reside in any other residence including the home of the child's parent without the prior approval of this Court. Both the guardian and the parent may be found in contempt of Court and jailed for disobeying this order.

c. as to the following powers and responsibilities only:

3. These letters of guardianship expire on _____ .
Date

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 probate register/clerk

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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 by law to file with this court a written report on the indicated form(s) and at the indicated times. Forms are available at the court.

CHANGE IN PLACE OF RESIDENCE: You are required to promptly inform the court of any change in the ward's residence 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.

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.

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