

Filing Fee \$187.00

Petition for Appointment of Limited Guardianship of a Minor

Please read this packet.

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR APPOINTMENT OF LIMITED 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

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).

*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

5. The persons interested in this proceeding 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.

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

(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.

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

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
 /s/
 Signature of custodial parent

 Date
 /s/
 Signature of custodial parent

 Address

 City, state, zip Telephone no.

 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

 /s/
 Signature of minor

 /s/
 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 PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LIMITED GUARDIANSHIP PLACEMENT PLAN	FILE NO.
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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
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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

Signature

Name of custodial parent (type or print)

Address

City, state, zip Telephone no.

Date

Signature

Name of custodial parent (type or print)

Address

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

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

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 CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
_____		Telephone no.	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

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)

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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

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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 **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

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 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