

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	FILE NO.
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In the matter of _____

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

NOTICE: In limited minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship.

2. a. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- a spouse whose name and address are listed below.
 - adult child(ren) whose name(s) and address(es) are listed below.
 - living parent(s) whose name(s) and address(es) are listed below.
 - no spouse, 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	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE/DOB (if minor)
	Street address		
	City State Zip Telephone no.		
	Street address	Guardian	
	City State Zip Telephone no.		

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

b. The interested persons for the minor, their relationship to the minor, and their addresses are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER
	Father/DOB _____	Street address
		City State Zip Telephone no.
	Mother/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.

(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 minor 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. The name of the tribe is _____ .
 The minor is not an Indian child as defined in MCR 3.002(5).
 It is unknown whether the minor is an Indian child as defined in MCR 3.002(5).
4. If this guardianship is terminated, the minor child will be returned to
 mother. father. unknown. other: _____
5. The reasons why the court should take action are _____

I REQUEST that the court:

6. Terminate the guardianship.
 7. Accept the guardian's resignation.
 8. Remove the guardian who has has not been suspended.
9. Appoint _____
 Name (type or print) Address

 City State Zip Telephone no.
 as successor guardian.
10. Appoint _____
 Name (type or print) Address

 City State Zip Telephone no.
 as a temporary guardian pending appointment of a successor.
11. 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.

_____	_____
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