

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR</b>	<b>FILE NO.</b>
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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.

Do not write below this line - For court use only

- 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  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City, state, zip Telephone no.

\_\_\_\_\_  
 Date  
 /s/  
 Signature of custodial parent  
 \_\_\_\_\_  
 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).