

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	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 legally incapacitated individual/minor
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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 alleged incapacitated individual 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)

*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909.

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

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP
		Father/Age _____
		Mother/Age _____
		Conservator
		Guardian
		Person with care/ custody of minor**

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

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

_____.

I REQUEST that the court:

- 4. Terminate the guardianship.
- 5. Accept the guardian's resignation.
- 6. Remove the guardian who has has not been suspended.

7. Appoint _____
Name (type or print) Address

City, state, zip Telephone no.
as successor guardian.

8. Appoint _____
Name (type or print) Address

City, state, zip Telephone no.
as a temporary guardian pending appointment of a successor.

9. 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

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Petitioner signature

Name (type or print)

Address

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