JIS Code: O	ΤG
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STATE OF MICHIGAN	ORDER FOLLOWING HEARING ON	CASE NO.
JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO TERMINATE	PETITION NO.
	APPOINTMENT OF JUVENILE GUARDIA	
Court address		Court telephone no.
In the matter of		
In the matter of First and last name(s), alias		
1. Date of hearing:	Judge/Referee:	
2. Notice of hearing was served as re	equired by law.	
3. Removal date:	(Under MCR 3.963.)	
	and 6 if the child is being removed at this hearing.)	
\Box 4. It is in the best interest of the ch	ild to terminate the appointment of	
A proposed successor juvenile	guardian has been named.	/enile guardian
\Box 5. It is contrary to the welfare of th	e child to remain in the juvenile guardian's h	ome because:
6 a Passanable offerts to prov	rent removal of the child from the home were	not mado
	nade to prevent removal of the child from the	
IT IS ORDERED:		
\square 7. The appointment of the juvenile	guardian named above is continued. guardian named above is terminated, and th	e juvenile guardian 🛛 is 🗌 is not
discharged.	guardian named above is terminated, and th	
alconargoa.		
The current placement of the ch	ild shall continue pending appointment of	
	Na	me (type or print)
Address	City State Zip	as successor guardian.
The department shall		
•	eck and central registry clearance of the resid	lents of the home of the proposed
	and submit the results to the court within 7 d	
b. perform a home study with a	copy submitted to the court within 28 days, u	nless a home study has been performed
within the immediately preced	ling 365 days of this order, in which case, a co	ppy of that home study shall be submitted
to the court.		
	Recommended by:	
	Referee signature and dat	e
	والمراجع	
USE NOTE: This form is used in conjunction w	Judge signature and date ith JC 98 only when a proposed successor juvenile guar	dian has been named in the netition; if a successor
juvenile guardian has not been named, use JC	101 instead. This form should not be used to terminat	
coguardians for a single child; use JC 104 inst	eau.	

Reference Note: The term "department" refers to the Michigan Department of Health and Human Services.

Approved, SCAO Form JC 100, Rev. 10/20 MCR 3.979(F) Page 1 of 1