

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION TO TERMINATE MODIFY GUARDIANSHIP LEGALLY INCAPACITATED INDIVIDUAL MINOR	FILE NO.
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In the matter of _____
First, middle, and last name

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

2. a. 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.

b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____

The minor is not an Indian child as defined by MCR 3.002(12).
It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

c. If this guardianship is terminated, the minor child will be returned to
mother. father. unknown. other: _____

(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 incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has a spouse _____ adult child(ren) _____ living parents _____ 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	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address			
		City	State	Zip	Telephone no.
	Guardian	Street address			
		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.

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

I REQUEST that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who has _____ has not _____ been suspended.
- 8. Appoint _____

Name (type or print) _____ Address _____

City _____ State _____ Zip _____ Telephone no. _____

as successor guardian.

- 9. Appoint _____

Name (type or print) _____ Address _____

City _____ State _____ Zip _____ Telephone no. _____

as a temporary guardian pending appointment of a successor.

- 10. 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.

_____ Date

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 _____

Address City State Zip

Date

Signature of minor