PCS Code: PTG TCS Code: PMGC

	STATE OF MICHIGAN PROBATE COURT COUNTY			TION TO E	CASE NO. aı	nd JUDGE		
Court add	ress	'				Court telephone no.		
In the ma	atter of First, middle, and la	ast name						
Court ORI	Currer	t age of ward Race	Sex	Current address of ward				
Petitioner's	s name, address, and teleph	none no.		Petitioner's attorney, bar	no., address, and	telephone no.		
	interested in this matte			ship to the minor, and the	eir addresses a	 are:		
					TELEPHONE NU			
			Street a	Street address				
		Parent/Age	City	Sta	te Zip	Telephone No.		
			Street a	ddress	l .			
		Parent/Age	_ City	Sta	te Zip	Telephone No.		
		_	Street a	Street address				
		Conservator	City	Sta	te Zip	Telephone No.		
			Street a	ddress				
		Guardian	City	Sta	te Zip	Telephone No.		
			Street address					
		Person with care/ custody of minor*	City	Sta	te Zip	Telephone No.		
	*Also list persons who had	l principal care and custo	dy of the m	inor during the 63 days preced	ing filing the petition	on.		
b.		nber of an Indian tril	oe, or is e	eligible for membership ir	n an Indian tribe	e. The name of the tribe		
	is □ The minor is not an □ It is unknown wheth			ICR 3.002(12). Id as defined by MCR 3.0	002(12).	·		

2. (c	ontinued) c. If this guardianship is ter	minated, the minor ch	ild will be returne	d to		
□ 3.	The incapacitated individua	I, whose telephone nu	umber is			$_{\scriptscriptstyle -}$, has a guardian whose
	address is adult ch no spouse, adult child(re none of the above (must	ild(ren) \square living pn), or parent(s). The n	parents whose names and addres	e name(s) and a	ddress(es	and has a) are listed below. ** are listed below.
	NAME	RELATIONSHIP		ADDRESS AND TE	ELEPHONE	NUMBER
			Street address			
			City	State	Zip	Telephone no.
			Street address			
			City	State	Zip	Telephone no.
			Street address			
			City	State	Zip	Telephone no.
			Street address			
		Guardian	City	State	Zip	Telephone no.
4.	**Presumptive heirs includes mind ***Notify the Attorney General by s The reasons why the court	sending a copy of this form	·			-
	QUEST that the court:					
<u> </u>	Terminate the guardianship Accept the guardian's resign Remove the guardian who		not been sus _l	pended.		
	Appoint			Address		
□ 8.	Name (type or print)					
□ 8.	Name (type or print) City		State		Zip	Telephone no.
□ 8.			State		Zip	Telephone no.
	City		State	Address	Zip	Telephone no.
	City as successor guardian. Appoint		State	Address	Zip	Telephone no.

Petition to Terminate/Modify Guardianship Page 3 of 3	(5/21)	Case No
☐ 10. Modify the powers of the guar	rdian as follows:	
I declare under the penalties of perju of my information, knowledge, and b		been examined by me and that its contents are true to the best
Date		Petitioner signature
Date		Attorney signature
NOMINATION BY MINOR: ☐ I am 14 years of age or older. I no	minate	as my guardian, who lives
atAddress	City	State Zip
Date		Signature of minor