Approved, SCAO JIS CODE: PTG **STATE OF MICHIGAN PETITION TO** FILE NO. **TERMINATE PROBATE COURT** MODIFY **COUNTY OF GUARDIANSHIP** LEGALLY INCAPACITATED INDIVIDUAL MINOR In the matter of _ Court ORI Race Date of birth Current address of ward NOTE: In limited minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship. 1. I am interested in this matter as $\frac{}{\text{State relationship/interest}}$ 2. a. The interested persons for the minor, their relationship to the minor, and their addresses are: NAME **RELATIONSHIP** ADDRESS AND TELEPHONE NUMBER Street address Father Citv State Telephone No. Zip DOB _ Street address Mother City State Telephone No. Zip DOB Street address Conservator City State Telephone No. Zip Street address Guardian City State Zip Telephone No. Street address Person with care/ custody of minor** 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 \square 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

| | | | () | () | and has | |
|--|-----------------|------------------------|-------------------------------------|-------------|---------------------------|--|
| ☐ a spouse ☐ adult ch☐ no spouse, child(ren), or☐ none of the above (must | ` ' | nd addresses of pres | ne(s) and addre sumptive heirs a | | | |
| NAME | RELATIONSHIP | | ADDRESS AND TELEPHONE NUMBER | | | |
| | | Street address | | | | |
| | | City | State | Zip | Telephone no. | |
| | 0 | Street address | | | | |
| | Guardian | City | State | Zip | Telephone no. | |
| *Notify the Attorney General by s . The reasons why the court sh | | · · | | PO Box 3075 | 5, Lansing, Mi 48909. | |
| REQUEST that the court: 5. Terminate the guardianship 6. Accept the guardian's resig 7. Remove the guardian who 8. Appoint Name (type or print) | nation. | been suspended. | ess | | | |
| C:h. | | Stato | | 7in | | |
| City | | State | | Zip | Telephone r | |
| as successor guardian. 9. Appoint Name (type or print) | | Address | | | | |
| City | | State Zip Telephone no | | | | |
| as a temporary guardian per 10. Modify the powers of the g | | successor. | | | | |
| declare under the penalties of p formation, knowledge, and belie | | Date | | s contents | are true to the best of m | |
| orney signature | | Petitioner signa | ature | | | |
| me (type or print) | Barı | no. Name (type or | print) | | | |
| Idress | | Address | | | | |
| ty, state, zip | Telephone | no. City, state, zip | | | Telephone n | |
| OMINATION BY MINOR: ☐ I am 14 years of age or older. | I nominate Name | | | ası | my guardian, who lives | |
| Address | City | | | State | Zip · | |
| | | | | | | |
| ite | | Signature of m | inor | | | |