

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, an individual with a developmental disability

1. I, \_\_\_\_\_, am interested in this matter and make this petition as  
Name (type or print)

\_\_\_\_\_ State interest/relationship

2. The developmentally disabled individual's address and telephone number are \_\_\_\_\_  
Address

\_\_\_\_\_ City State Zip Telephone no.

3. The guardian's address is \_\_\_\_\_

\_\_\_\_\_ City State Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP	AGE/DOB (if minor)
	Street address		
	City State Zip Telephone no.		
	Street address		
	City State Zip Telephone no.		
	Street address		
	City State Zip Telephone no.		

5. The reasons why the court should take action are \_\_\_\_\_

**I REQUEST** that the court:

- 6. Terminate
  - a.  all  part of the plenary guardian of the  individual.  estate.
  - b.  all  part of the partial guardian of the  individual.  estate.
- 7. Accept the resignation of the
  - a. plenary guardian of the  individual.  estate.
  - b. partial guardian of the  individual.  estate.
  - c. standby guardian.

(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

8. Remove the  
 a. plenary guardian of the  individual  estate,  
 b. partial guardian of the  individual  estate,  
 c. standby guardian,  
who  has  has not been suspended.

9. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as  temporary guardian  successor partial guardian  successor plenary guardian  
of the  individual.  estate.

10. Appoint \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as standby guardian of the  individual.  estate.

11. Modify the powers of the  plenary guardian  partial guardian of the  individual  estate 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	Date
_____	_____
Petitioner signature	_____
_____	_____
Name (type or print) Bar no.	Name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip Telephone no.	City, state, zip Telephone no.