

7. The welfare of the minor will be served by the appointment.

8. A proposed limited guardianship placement plan is attached.

IREQUEST:

9. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. _____ be appointed limited guardian of the minor.

10. Other: _____

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

Signature of custodial father

Address

City, state, zip Telephone no.

Date

Signature of custodial mother

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

11. I am 14 years of age or older. I nominate _____ as my guardian
Name
who lives at _____
Address City State Zip

Date

Attorney signature

Attorney name (type or print) Bar no.

Signature of minor

Address

City, state, zip Telephone no.

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.

USE NOTE: If a parent is incarcerated and under the jurisdiction of the Michigan Department of Corrections, the petitioner must comply with MCR 2.004(B).