

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

PETITION FOR APPOINTMENT OF
GUARDIAN OF MINOR INDIAN CHILD
(INVOLUNTARY GUARDIANSHIP)
PAGE 1

FILE NO.

In the matter of _____ XXX-XX- _____
Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

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).

1. I, _____, am interested in the welfare of the minor and make this
Name (type or print)
petition as _____.
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. This is not a voluntary guardianship under MCL 712B.13. The following active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. (Specify efforts below. Attach separate sheet if needed.)

3. The minor was born _____, is female, male, is unmarried, resides in _____
Date County
at _____,
Address City/Township State Zip
and is presently located in _____ at _____
County Address (if different than above)

City/Township State Zip

The minor is a citizen of the following foreign country: _____.

4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

(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

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In the matter of _____
Name of minor Indian child

5. The persons interested in this proceeding are:

* Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

| 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. |

If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

| NAME | RELATIONSHIP | ADDRESS AND TELEPHONE NUMBER | | | |
|------|--------------|------------------------------|-------|-----|---------------|
| | | Street address | | | |
| | | City | State | Zip | Telephone no. |
| | | Street address | | | |
| | | City | State | Zip | Telephone no. |

None of these persons is under any legal incapacity except _____
Name, incapacity, and representative of the person, if any

6. The minor is in need of a guardian because

- a. the parental rights of both parents or of the surviving parent have been terminated or suspended by
 - death. a previous court order other than an order appointing a limited guardian of the minor.
 - disappearance. judgment of divorce or separate maintenance.
 - confinement in a place of detention.
 - judicial determination of mental incompetency. **OR**
- b. the parent(s) permit(s) the minor to reside with another person and the parent(s) do/does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**
- c. the biological parents of the minor were never married to each other and _____, the custodial parent died has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

(SEE THIRD PAGE)

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Name of minor Indian child

7. A temporary guardian is necessary because _____

IREQUEST:

8. _____, whose address and telephone number are
Name

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

9. The court order the parent(s) to provide reasonable support for parenting time with contact with the minor.

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 petitioner

Address

City, state, zip Telephone no.

Date

Signature of petitioner

Address

City, state, zip Telephone no.

10. 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.