JIS CODE: PTG Approved, SCAO **PETITION TO** FILE NO. **STATE OF MICHIGAN TERMINATE** MODIFY **PROBATE COURT GUARDIANSHIP COUNTY OF** LEGALLY INCAPACITATED INDIVIDUAL MINOR In the matter of _ Court ORI Date of birth Race Current address of ward 1. I am interested in this matter as $\frac{}{\text{State relationship/interest}}$ **NOTICE:** In limited minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship. 2.

a. The incapacitated individual has a guardian whose address is ______ and has \square a spouse whose name and address are listed below. \square adult child(ren) whose name(s) and address(es) are listed below. \square living parent(s) whose name(s) and address(es) are listed below. \square no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below. none of the above (must notify the Attorney General*). AGE/DOB **ADDRESS AND TELEPHONE NUMBER** NAME **RELATIONSHIP** (if minor) *Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909. \Box b. The interested persons for the minor, their relationship, and their addresses are: NAME **ADDRESS AND TELEPHONE NUMBER RELATIONSHIP** Father/Age _____ Mother/Age ___ Conservator Guardian Person with care/ custody of minor** ** Also list persons who had principal care and custody of the minor during the 63 days preceding filing the petition. (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

 The minor is a member of an Indian tribe, or is eligible for member of an Indian tribe. The name of the tribe is The minor is not an Indian child as defined in MCR 3.002 		ian tribe and is a bic	ological child of a
☐ It is unknown whether the minor is an Indian child as defined in MCK 3.002			
4. The reasons why the court should take action are			
I REQUEST that the court:			
 □ 5. Terminate the guardianship. □ 6. Accept the guardian's resignation. □ 7. Remove the guardian who □ has □ has not bee 	n suspended.		
•	подоронаса.		
8. Appoint Name (type or print)	Address		
City	State	Zip	Telephone no.
as successor guardian.			
9. Appoint Name (type or print)	Address		
City	State		Telephone no.
as a temporary guardian pending appointment of a succe	essor.		·
10. Modify the powers of the guardian as follows:			
I declare under the penalties of perjury that this petition has be information, knowledge, and belief.	en examined by me and	d that its contents a	re true to the best of my
	Date		
Attorney signature	Petitioner signature		
Name (type or print) Bar no.	Name (type or print)		
Address	Address		
City, state, zip Telephone no.	City, state, zip		Telephone no.
NOMINATION BY MINOR:			
☐ I am 14 years of age or older. I nominate Name		as my	/ guardian, who lives at
Address City		State	Zip ·
Date	Signature of minor		