

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL	FILE NO.
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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 is _____

_____ .
City State Zip

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)

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.