Approved, SCAO JIS CODE: LGP

STATE OF MICHIGAN

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PROBATE COURT LIMITED GUARDIANSHIP COUNTY PLACEMENT PLAN **CIRCUIT COURT - FAMILY DIVISION** In the matter of ___ ___, a minor **Special Note in Completing Form:** Items 1 through 4 must be completed to comply with MCL 700.5205(2). Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example: • If they differ in their reasons for the quardianship, each parent must specify their own reasons. This plan modifies a limited guardianship placement plan previously approved by the court. As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan: 1. The reason I want a limited quardianship is: To enable my child to attend school in the proposed guardian's school district. O To provide health insurance through the proposed guardian. O I will be or am incarcerated until O I am currently without housing adequate for my child. O I am unable to care for my child because of my health. O I am unable to care for my child because of my mental instability. O I desire an alternative to action recommended by child protective services. O I have lost substantial control of my child's behavior. O I need to improve my parenting skills. The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian. ○ To comply with the requirement of the ○ Reserves. ○ Armed Forces. Other: 2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows: I will visit my child on: (please circle each day you plan to visit) Su Tu __ a.m. p.m. to ____ a.m. from: (please specify the time and circle either a.m. or p.m.) O month. ○ I will visit my child _____times each ○ week. ○ Visits will occur at ○ my residence. ○ the proposed guardian's residence. ○ ______. O______. ○ Telephone contact will take place ○ daily. Oweekly. o monthly. ○ Letters will be sent ○ daily. ○ weekly. omonthly. O I will attend my child's school conference provided I receive timely notice of the conference. I will attend counseling with my child. ○ I will participate in and arrange positive outings with my child ○ daily. ○ weekly. ○ monthly. ○ ______. I will provide transportation for my child for ____ O I will attend all doctor/dental appointments for my child (excluding emergencies). Transportation to and from visits with my child will be the responsibility of ____ O Collect telephone calls will be accepted at number _____ Other: SEE OTHER SIDE FOR REMAINING PLANS Do not write below this line - For court use only Approved:

Date

Judge

	ort will be made by me as follows: ance coverage through		
	mbers are n money, clothing, supplies.		·
Car insurance	ce.		
		iscellaneous expenses to be	paid at month's \bigcirc end. \bigcirc beginning.
O I will pay for	counseling. transportation to and from visits.		
	food for my child as follows:		
	babysitting as follows:		
Other:	,		
	ne limited guardianship to continue ur	til:	
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	provide a drug-free household.	ligit scribol.	
	arenting classes.		
	•	ole/probation.	
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	lished myself in a new residence. essfully completed drug or alcohol inpa	tiont/outpationt treatment	
			recommendations of the assessment.
	erated with a psychological evaluation		
O I have succe	ssfully completed psychological coun		
○ My child can	accept my parental authority.		
	ny G.E.D. job tra	ining.	
	ohabitate with individuals. with a domestic assault program.		
	n insurance coverage for my child.		
O I have comp	leted my obligation to the Reserves o	Armed Forces.	
Other:			
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	follows:		
5. I also agree as			out good cause, to follow this plan, my
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