

## Jackson County Probate Court

312 S. Jackson St.  
Jackson, MI 49201  
Phone: 517-788-4290  
Fax: 517-788-4291

### Instructions for Petition for Limited Guardianship of a Minor

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

Do NOT use this packet if the minor is Native American.

A limited guardianship of a minor may only be granted when the custodial parent is the petitioner and agrees with the guardianship. If the parents share custody, both parents will need to sign the petition. Understand that the parents are consenting to a suspension, not a termination, of their parental rights.

When all of the paperwork has been completed and signed by all of the necessary parties, make one copy and make an appointment with Terralyn Brown by calling 517-768-2776. Both the parent(s) and the proposed guardian(s) will need to attend this meeting. At your appointment, she will:

- Review the paperwork with you.
- Assign a judge to hear the case.
- Determine if you are eligible for a fee waiver.
- Schedule a hearing date for you to appear in front of the judge.
- Schedule a home visit with the proposed guardian(s). This visit will be between 8:00am and 4:00pm on a weekday.

#### Fees

- Filing Fee - \$175.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

Fees cannot be returned if your petition is denied.

#### Forms

In addition to the forms included in this packet, you must provide:

- A copy of the child's birth certificate (it does NOT need to be a certified copy)
- Marriage License or Divorce Judgment of the proposed guardians, if applicable
- Divorce Judgment, Paternity Order, or Child Support Order pertaining to the child (as many as apply)
- A photo copy of a picture identification for anyone 18 years of age or older living in the home of the proposed guardian(s).

1. Petition for Appointment of Limited Guardian of Minor (PC 650): This form must be completed by the custodial parent(s). Please understand that signing this form does give consent for a suspension of your parental rights. Suspension is not the same as termination.

If the minor is 14 years old, or older, please have the minor complete item number 11 on the Petition.

2. Limited Guardianship Placement Plan (PC 652): Complete all four sections completely. Please read this document very carefully, as it is very important.
3. Required Record Clearance: Complete a separate copy of this form for each proposed guardian and any other adult living in the home of the proposed guardian(s). This permits the Court to conduct required background checks. Print as many copies of the form as you will need.
4. Financial Statement: This form must be completed with information regarding the custodial parent(s). Please be thorough.
5. Limited Guardianship Questionnaire: Complete this form, answering all questions.
6. Waiver/Suspension of Fees and Costs (MC 20): You only need to complete this form if you believe that you may qualify for a fee waiver. Please note that the signature must be notarized. Do not sign this form unless you are in front of a notary public.
7. Central Registry Clearance Request (DHS-1929): Complete this form for each proposed guardian and any other adult living in the home of the proposed guardian(s). This permits the Court to conduct the portion of the required background checks through the Department of Human Services. Print as many copies of the form as you will need.

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	CASE NO. and JUDGE
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. I am interested in this matter and make this petition as custodial parent of the minor.

2. The minor is currently \_\_\_\_\_, is  female,  male, is unmarried, resides in \_\_\_\_\_  
Age County

at \_\_\_\_\_  
Address City/Township State Zip

and is presently located in \_\_\_\_\_ at \_\_\_\_\_  
County Address (only if different than above)

\_\_\_\_\_  
City/Township State Zip

The minor is a citizen of the following foreign country: \_\_\_\_\_

3. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	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.

None of these persons are under any legal incapacity except \_\_\_\_\_  
Name, incapacity, and representative of the person, if any

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

- 4.  The minor is not an Indian child as defined in MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

5. 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.

- 6. The welfare of the minor will be served by the appointment.
- 7. A proposed limited guardianship placement plan is attached.

**I REQUEST:**

8. \_\_\_\_\_ whose address is \_\_\_\_\_  
Name Address  
 \_\_\_\_\_ be appointed limited guardian of the minor.  
City/Township State Zip Telephone no.

9. Other: \_\_\_\_\_  
 \_\_\_\_\_

**10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent

\_\_\_\_\_  
Signature of custodial parent

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

\_\_\_\_\_  
Signature of minor

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> JACKSON <b>COUNTY</b>	<b>LIMITED GUARDIANSHIP</b> <b>PLACEMENT PLAN</b>	<b>CASE NO. and JUDGE</b>
<b>Court address</b> 312 S. Jackson St., Jackson, MI 49201		<b>Court telephone no.</b> 517-788-4290

In the matter of \_\_\_\_\_  
First, middle, and last name of 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 guardianship, 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 guardianship is:

- To enable my child to attend school in the proposed guardian's school district.
- To provide health insurance through the proposed guardian.
- I will be or am incarcerated until \_\_\_\_\_.
- I am currently without housing adequate for my child.
- I am unable to care for my child because of my health.
- I am unable to care for my child because of my mental instability.
- I desire an alternative to action recommended by child protective services.
- I have lost substantial control of my child's behavior.
- 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: \_\_\_\_\_

<b>FOR COURT USE ONLY</b>
Approved:
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
_____ Judge signature and date

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 mark each day you plan to visit)

\_\_\_ Su \_\_\_ M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sa

from: (please specify the time) \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

I will visit my child \_\_\_\_\_ times each  week.  month.

Visits will occur at  my residence.  the proposed guardian's residence.  \_\_\_\_\_ .

Telephone contact will take place  daily.  weekly.  monthly.  \_\_\_\_\_ .

Letters will be sent  daily.  weekly.  monthly.  \_\_\_\_\_ .

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 \_\_\_\_\_ .

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 \_\_\_\_\_ .

Collect telephone calls will be accepted at number \_\_\_\_\_ .

Other: \_\_\_\_\_

3. Financial support will be made by me as follows:

Health insurance coverage through \_\_\_\_\_ .

Policy numbers are \_\_\_\_\_ .

School lunch money, clothing, supplies.

Car insurance.

\$ \_\_\_\_\_ each month for room, board, miscellaneous expenses to be paid at month's  end.  beginning.

I will pay for counseling.

I will pay for transportation to and from visits.

I will provide food for my child as follows: \_\_\_\_\_

I will pay for babysitting as follows: \_\_\_\_\_

Other: \_\_\_\_\_

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate  my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer  incarcerated.  on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my  G.E.D.  job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: \_\_\_\_\_

5. I also agree as follows: \_\_\_\_\_

**As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.**

Date	Date
Signature	Signature
Name of custodial parent (type or print)	Name of custodial parent (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.

**AGREEMENT AND ACCEPTANCE OF APPOINTMENT BY LIMITED GUARDIAN**

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date	Date
Signature	Signature
Name of proposed guardian (type or print)	Name of proposed guardian (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.
Put DOB and DLN in Ref. No. row 10 on MC 97a.	Put DOB and DLN in Ref. No. row 11 on MC 97a.
Date of birth	Date of birth
Driver's license no. or other identification	Driver's license no. or other identification

4<sup>TH</sup> JUDICIAL CIRCUIT COURT  
FAMILY DIVISION-ADOPTION UNIT  
JACKSON COUNTY, MICHIGAN  
517-768-2776

REQUIRED RECORD CLEARANCE

ADOPTION/GUARDIANSHIP

CHILD (CHILDREN) \_\_\_\_\_

FILE # \_\_\_\_\_

NAME OF ADOPTING PARENT/PROPOSED GUARDIAN OR OTHER ADULT LIVING  
IN HOME.

FULL NAME \_\_\_\_\_

MAIDEN NAMES OR AKA (Also Known As) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN MICHIGAN? \_\_\_\_\_

WHAT OTHER STATE(S) HAVE YOU LIVED IN? \_\_\_\_\_

FOR COURT USE ONLY

ICHA:

DHS:

LOCAL:



STATE OF MICHIGAN 4th JUDICIAL CIRCUIT-FAMILY DIVISION JACKSON COUNTY	FINANCIAL STATEMENT	CASE NO.
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In the matter of \_\_\_\_\_  
(name(s), alias(es), DOB)

Father's Name		Mother's Name	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Home Phone	Work/Cell Phone	Home Phone	Work/Cell Phone
Employer's Name	Length of Employment	Employer's Name	Length of Employment
Employer's Address		Employer's Address	
Gross Pay		Gross Pay	
\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly		\$ _____ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly	
Marital Status <input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> married <input type="checkbox"/> divorced	Number of Dependents	Marital Status <input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> married <input type="checkbox"/> divorced	Number of Dependents
Housing <input type="checkbox"/> own Monthly Payment <input type="checkbox"/> rent \$ _____	Child Support	Housing <input type="checkbox"/> own Monthly Payment <input type="checkbox"/> rent \$ _____	Child Support
Motor Vehicle Year _____ Make _____ Monthly Payment \$ _____		Motor Vehicle Year _____ Make _____ Monthly Payment \$ _____	

I authorize the release of any information needed to verify this statement. I declare that this document has been examined by me and that the contents are true to the best of my information, knowledge and belief.

\_\_\_\_\_  
Signature Relationship to child

\_\_\_\_\_  
Signature Relationship to child  
Date Received by Court:

- |  |  |
|--|--|
| <input type="checkbox"/> Youth Center Costs (Court Accountant) | <input type="checkbox"/> Guardianship (Adoption Coordinator) |
| <input type="checkbox"/> Attorney Fees (Court Accountant)      | <input type="checkbox"/> Adoption (Adoption Coordinator)     |
| <input type="checkbox"/> Restitution (Probation Officer)       | <input type="checkbox"/> Diversion Fees (Court Accountant)   |

IT IS ORDERED that reimbursement shall be  waived  \$ \_\_\_\_\_.

\_\_\_\_\_  
Date Family Court Judge  
(Revised 8/23/07)

LIMITED GUARDIANSHIP QUESTIONNAIRE

NAME: \_\_\_\_\_

PROPOSED GUARDIAN: \_\_\_\_\_

WHY IS THE PETITION FOR LIMITED GUARDIANSHIP BEING FILED? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE PROPOSED GUARDIAN OR ANY OTHER ADULT IN THE HOME HAVE A HISTORY OF:  
POLICE CONTACT REGARDING MISDEMBANORS OR FELONIES? (Please explain any yes answers)

\_\_\_\_\_  
\_\_\_\_\_

HISTORY OF DOMESTIC VIOLENCE? \_\_\_\_\_

\_\_\_\_\_

PROTECTIVE SERVICES CONTACT? \_\_\_\_\_

\_\_\_\_\_

INPATIENT OR OUTPATIENT REHABILITATION REGARDING ALCOHOL USE OR OTHER DRUG  
USE? \_\_\_\_\_

\_\_\_\_\_

INPATIENT OR OUTPATIENT TREATMENT FOR MENTAL IMPAIRMENT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Original - Court  
1st copy - Applicant  
2nd copy - Other party

3rd copy - Friend of the court  
(when applicable)  
JIS CODE: OSF

Approved, SCAO

STATE OF MICHIGAN  
JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY PROBATE

FEE WAIVER REQUEST

CASE NO.

Court address

Court telephone no.

Plaintiff's/Petitioner's name  
Plaintiff's/Petitioner's attorney and bar no.

v

Defendant's/Respondent's name  
Defendant's/Respondent's attorney and bar no.

Probate In the matter of \_\_\_\_\_

Instructions: Complete the form and file it with the clerk. After you receive a decision on your request, you must serve your request and the decision on the other party.

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- 1. I receive the following type(s) of public assistance because of indigence:
  - Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_

My public assistance case number(s) (if any) is \_\_\_\_\_  
Do not include your Social Security number.

- 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_

- 3. I am unable to pay the fees.  
My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
The number of people in my household is \_\_\_\_\_ Week/Two weeks/Month/Year  
My source of income is \_\_\_\_\_  
List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

FOR CLERK USE ONLY: Payment of filing fees is waived.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of court clerk