

Jackson County Probate Court

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

Diane M. Rappleye
Probate Judge

Julie A. Kelley
Probate Register

Emily L. Brennan
Chief Deputy Probate Register

Evelyn Meerman
Deputy Probate Register

Instructions for Petition for Limited Guardianship of a Minor Indian Child

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.

Use this packet ONLY if the minor is Native American.

A limited guardianship of a minor may only be granted when the custodial parent or Indian custodian of the child 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.

In any guardianship proceeding involving an Indian child, notice must be provided to the parents or Indian custodian and the tribe by registered mail with return receipt requested and delivery restricted to the addressee. The Notice of Guardianship Proceedings Concerning an Indian Child form, included in this packet, MUST be used to provide this notice. If the identity of the parents, Indian custodian, or tribe are unknown, notice must be provided to the Secretary of the Interior at the address provided on the form.

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 Indian Child (PC 650-I): This form must be completed by the custodial parent(s) or Indian custodian. 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. Notice of Guardianship Proceedings Concerning an Indian Child (PC 678): This form must be completed and sent to both parents or the Indian custodian, as well as the Indian tribe. If the identity of these individuals or the tribe is unknown, the form must be sent to the Secretary of the Interior at the address stated on the form. The form MUST be sent by registered mail, return receipt requested, and delivery restricted to the addressee.
3. Consent by Parent/Indian Custodian to Guardianship of Indian Child (PC 686): This form must be completed by the custodial parent(s) or Indian custodian. Complete only the heading and items 1 through 5 at the top of the page. Do NOT write in the sections titled "Certification By Judge" or "Statement of Interpreter."
4. Limited Guardianship Placement Plan (PC 652): Complete all four sections completely. Please read this document very carefully, as it is very important.
5. 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.
6. Financial Statement: This form must be completed with information regarding the custodial parent(s). Please be thorough.
7. Limited Guardianship Questionnaire: Complete this form, answering all questions.

8. 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.

9. 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 COUNTY OF _____	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR INDIAN CHILD (VOLUNTARY GUARDIANSHIP)	FILE NO. _____
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In the matter of _____ XXX-XX- _____, _____
Name of minor Indian child Last four digits of SSN Name of tribe and identification no. (if one)

1. I am interested in this matter and make this petition as custodial parent or Indian custodian of the minor Indian child.
2. A consent to the voluntary guardianship will be or has been executed under MCL 712B.13 (form PC 686).
3. I consent to the suspension of my parental rights under MCL 700.5205.
4. 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 (only if different than above)

City/Township State Zip

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

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.

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

6. The persons interested in this proceeding are:

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

None of these persons are under any legal incapacity except _____
Name, incapacity, and representative of the person, if any
(SEE SECOND PAGE)

Do not write below this line - For court use only

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

I REQUEST:

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

10. Other: _____

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
 /s/
 Signature of custodial parent

 Address

 City, state, zip Telephone no.

 Date
 /s/
 Signature of custodial parent

 Address

 City, state, zip Telephone no.

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

 Attorney signature

 Attorney name (type or print) Bar no.

/s/
 Signature of minor

 Address

 City, state, zip Telephone no.

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.

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).

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF GUARDIANSHIP PROCEEDINGS
CONCERNING AN INDIAN CHILD

FILE NO.

Court address

Court telephone no.

In the matter of

Name of minor Indian child

TO:

(Name and telephone no.
of natural parent or Indian
custodian. State if unknown.)

(Name and telephone no.
of natural parent or Indian
custodian. State if unknown.)

(Name and telephone no. of Tribal
chairperson. State if unknown.)

Midwest Regional Director, Bureau of Indian Affairs
5600 West American Blvd., Suite 500
Norman Pointe II Building
Bloomington, MN 55437
(612) 725-4500

(Use only if identity of parents,
custodian, or tribe is unknown.
If grandparent[s] are known, please
attach a sheet with name[s] and
date[s] of birth.)

TAKE NOTICE:

1. A petition regarding guardianship of the Indian child named above has been filed. A hearing will be held on this petition on

_____ at _____ at _____
Date Time Location

2. A copy of the petition is attached to this notice.

3. You have the absolute right to intervene in this proceeding and, absent objection by either Indian parent, you have the right to petition the court to have this case transferred to the Tribal court of the _____ Tribe. The Tribal court may decline the transfer.

4. You may object to a transfer of this case to the Tribal court.

5. As a parent or Indian custodian, you have the right to a court-appointed attorney if you are determined indigent. If you intend to request a court-appointed attorney, you should contact the court immediately by telephone or in writing.

If you choose to attend this hearing and you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This notice must be sent to the parties by personal service or registered mail, return receipt requested. 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.

25 USC 1912, MCL 712B.9, MCL 712B.13(1)(b), MCL 712B.15(1)(a), MCL 712B.25(6),
MCR 5.109(1), MCR 5.404(B)(2),
MCR 5.404(C)(1)

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CONSENT BY PARENT/INDIAN CUSTODIAN TO GUARDIANSHIP OF INDIAN CHILD	FILE NO.
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In the matter of _____, _____
Full name of child Name of tribe and identification no. (if one)

1. I, _____, am the parent (Date of birth _____)
Name Indian custodian
of the child named above, who was born _____ at _____
Date Place

2. A judge has fully explained to me my legal rights as a parent/Indian custodian and that I do not have to sign this voluntary consent to a petition for guardianship. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. I understand my parental rights and that if I do sign this consent, I voluntarily suspend all of my parental rights to the child for placement with a guardian.

3. This consent is not given before or within 10 days after the birth of the child.

4. I understand that I may withdraw my consent at any time by sending written notice to the court substantially in compliance with a form approved by the State Court Administrative Office and that, upon receipt of that notice, the court will immediately enter an ex parte order terminating the guardianship and returning the child to me.

5. Of my own free will, I consent to the guardianship of the child by the petitioner(s). The name and address of the person with whom my child will be placed is _____
Name and address of proposed guardian

Date Parent/Indian custodian signature

Address City State Zip

CERTIFICATION BY JUDGE

- Notice of this proceeding was given as required by MCR 5.109(1).
- At a hearing where a verbatim record of testimony was made, I explained to the parent/Indian custodian her/his legal rights under MCL 712B.13 and that, by signing this consent, s/he was voluntarily suspending her/his parental rights to the Indian child for placement with the proposed guardian. the parent/Indian custodian then voluntarily signed this consent.

Date Judge Bar no.

STATEMENT OF INTERPRETER

This proceeding was translated by me to the parent/Indian custodian in his/her spoken language of _____
Spoken language

Signature of interpreter

Subscribed and sworn to before me on _____
Date County and state

My commission expires: _____ Signature: _____
Date

Notary public, State of Michigan, County of _____, _____
Name (type or print)

Address City State Zip

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY CIRCUIT COURT - FAMILY DIVISION	LIMITED GUARDIANSHIP PLACEMENT PLAN	FILE NO.
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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 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:

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 M Tu W Th F Sa
from: (please specify the time and circle either a.m. or p.m.) _____ a.m. p.m. to _____ a.m. p.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:

SEE OTHER SIDE FOR REMAINING PLANS

Do not write below this line - For court use only

Approved:

Date

Judge

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 cohabitate 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

Signature

Name of custodial parent (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip

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

Signature

Name of proposed guardian (type or print)

Address

City, state, zip

Telephone no.

Date of birth

Drive license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip

Telephone no.

Date of birth

Drive license no. or other identification

4TH 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:

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	Number of Dependents	Marital Status	Number of Dependents
<input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> married <input type="checkbox"/> divorced		<input type="checkbox"/> single <input type="checkbox"/> separated <input type="checkbox"/> married <input type="checkbox"/> divorced	
Housing	Child Support	Housing	Child Support
<input type="checkbox"/> own Monthly Payment _____ <input type="checkbox"/> rent \$ _____		<input type="checkbox"/> own Monthly Payment _____ <input type="checkbox"/> rent \$ _____	
Motor Vehicle		Motor Vehicle	
Year _____ Make _____		Year _____ Make _____	
Monthly Payment \$ _____		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
Date Received by Court:

Relationship to child

- Youth Center Costs (Court Accountant)
- Attorney Fees (Court Accountant)
- Restitution (Probation Officer)

- Guardianship (Adoption Coordinator)
- Adoption (Adoption Coordinator)
- Diversion Fees (Court Accountant)

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

Date
(Revised 8/23/07)

Family Court Judge

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 MISDEMEANORS 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: _____

Approved, SCAO

Original - Court
1st copy - Applicant

2nd copy - Friend of the court
(when applicable)
PROBATE JIS CODE: OSF

STATE OF MICHIGAN
JUDICIAL DISTRICT
JUDICIAL CIRCUIT
JACKSON COUNTY PROBATE

WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)

CASE NO.

Court address
312 S. Jackson St., Jackson, MI 49201

Court telephone no.
517-788-4290

Plaintiff/Petitioner name	v	Defendant/Respondent name
Plaintiff's/Petitioner's attorney and bar no.		Defendant's/Respondent's attorney and bar no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs or mediation fees must be made separately by motion.

AFFIDAVIT

1. I ask the court to waive/suspend fees and costs for the following reason: (check either a or b)

a. I am currently receiving public assistance: My DHS case number is _____.
(MCR 2.002[C] requires the court to suspend payment of fees and costs.)

OR

b. I am unable to pay fees and costs because of indigency, based on the following facts:

My average gross income is about \$ _____ every week. two weeks. month.

I am receiving unemployment benefits.

I am not employed.

I have a vehicle: Year: _____ Make: _____ Model: _____ Amount Owed: \$ _____

The total amount in all my bank accounts is: \$ _____

Write down any other assets and how much they are worth. If you need more space, attach a separate sheet.

I pay \$ _____ in rent/mortgage every month. I pay \$ _____ in utilities (water, electricity, gas) every month. I pay \$ _____ for court-ordered child support. I pay \$ _____ for court-ordered _____ specify
Write down any other assets and how much you pay. If you need more space, attach a separate sheet.

2. The number of people living in my household is _____.

3. I am signing this affidavit for a person who is a minor. has the following disability _____.

Applicant signature

Name (type or print)

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of _____

ORDER

IT IS ORDERED:

- 1. The applicant has shown by ex parte affidavit that he/she is
 - a. receiving public assistance, and payment of fees and costs are waived/suspended pursuant to MCR 2.002(C).
 - b. indigent and payment of fees and costs are waived/suspended pursuant to MCR 2.002(D).
 The applicant is required to notify the court if the reason for waiving/suspending the fees and costs no longer exists.
- 2. The application is denied.

Date Judge

INSTRUCTIONS FOR USING FORM MC 20, WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)

»»CAN I FILE MY LEGAL PAPERS WITH THE COURT FREE OF CHARGE?

When you file a legal paper with the court or are ordered to case evaluation, you are often required to pay certain fees. If you cannot afford these fees, you can ask the court to "waive" or "suspend" them using this form (MC 20).

»» FILING AN AFFIDAVIT

1. Prove That You Cannot Afford to Pay a Filing Fee

You must show the court that you cannot afford to pay the fees. If you receive public assistance, you must give the court your DHS case number. If you do not receive public assistance, you must give the court information about your assets and obligations. An asset is something you own, such as money, a car, a house, or other property. An obligation is something you owe, such as rent, a loan payment, utilities, court-ordered child support, etc.

2. Complete Form MC 20

After you prepare the legal papers you want to file with the court, complete form MC 20.

If you are receiving public assistance, check the box in front of item 1a. Write in your DHS case number. Public assistance means you are receiving help from the Michigan Department of Human Services and/or are receiving federal social security income (SSI), which includes Medicaid (a DHS program). It does not include benefits such as veterans assistance (VA benefits) or unemployment. Do not check the box in front of item 1b. Gross income means before any deductions.

If you are not receiving public assistance, check the box in front of item 1b. Check all the boxes that apply to you. If you are not employed, check that box. Write in all the requested information about your assets and obligations.

Do not sign the form until you are in front of a notary public or the clerk of the court.

3. Sign the Affidavit Under Oath

After form MC 20 is completed, sign it under oath in front of a notary public or a clerk of the court. You must bring your photo identification with you when you sign the affidavit. There may be a fee to have your affidavit signed in front of a notary public.

4. Make Copies

After you have signed the affidavit under oath, make a copy of the completed form for your records. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., make another copy of the completed form for the friend of the court office. If you are at the court when you sign the affidavit, you can ask the clerk of the court to make copies for you. There may be a cost to make the copies.

5. File Form MC 20

Take or mail the original and all copies of this form (MC 20) to the clerk of the court along with any other legal papers you want to file. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., include the friend of the court copy you made in step 4. If you mail the form, include a postage-paid envelope with your return address.

»»GETTING A SIGNED ORDER

When you file your affidavit with the court, the clerk of the court will give it to the judge. The judge will make a decision and will sign the order. The clerk of the court will keep the original and return a signed copy to you. The clerk of the court will send a copy to the friend of the court if you filed that copy.