

Jackson County Probate Court

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

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.

Special Rules for Incarcerated Parents

If one, or both, of the minor's parents is incarcerated in the Michigan Department of Corrections, you will need to contact MDOC to determine the parent's prison number and which facility they are housed in. You will need to serve all documents on the incarcerated parent(s), and file a proof of service with the Court. Please note that when mailing to an MDOC inmate, the inmate's prison number must be included in the address. The Court will make arrangements for the incarcerated parent(s) to participate in any hearings by phone or video conference.

Forms

Below, you will find specific instructions for each form contained in the packet.

1. Petition for Appointment of Guardian of Minor (PC 651): Complete the entire form. If current contact information is unknown, you must make every effort to find a current mailing address for each parent. If the minor has no legal father, please indicate that in the name space for the father.

If the minor is 14 years old, or older, please have the minor complete item number 10 on the Petition.

2. Fiduciary Proof of Identity: Complete this form with all requested information. The information required is the proposed guardian's information. You must attach to the form a clear photo copy of the proposed guardian's driver's license. Even if the proposed guardian is eligible for appointment, Letters of Authority will not be issued unless this form is filed with the Court. This document is only used by the Court. It is not made available to the public.

3. Minor Guardianship Social History (PC 670): Complete the entire form. This document is placed in the non-public portion of the file.
4. Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.
5. Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	FILE NO. _____
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In the matter of _____, a minor
First, middle, and last name XXX-XX-
Last four digits of SSN

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).

1. I, _____, am interested in the welfare of the minor and make this
Name (type or print)
 petition as _____.
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. 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 (if different than above)
 _____, _____, _____
City/Township State Zip

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

3. 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).

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

4. 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.

(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

4. (continued) If neither parent is living, the names and addresses of the minor's grandparents and nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER				
		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

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 minor is in need of a guardian because

a. the parental rights of both parents or of the surviving parent have been terminated or suspended by

- death. a previous court order other than an order appointing a limited guardian of the minor.
- disappearance. judgment of divorce or separate maintenance.
- confinement in a place of detention.
- judicial determination of mental incompetency. **OR**

b. the parent permits the minor to reside with another person and does not provide the other person with legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time. **OR**

c. the biological parents of the minor were never married to each other and _____, the custodial parent died has disappeared since _____, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

7. A temporary guardian is necessary because _____.

I REQUEST:

8. _____, whose address and telephone number are _____
Name Address
_____, be appointed guardian of the minor.
City/Township State Zip Telephone no.

9. The court order the parent(s) to provide reasonable support for parenting time with contact with the minor.

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 petitioner

Address

City, state, zip Telephone no.

Date
/s/
Signature of petitioner

Address

City, state, zip Telephone no.

10. I am 14 years of age or older. I nominate _____ as my guardian,
Name
who lives at _____
Address City State Zip

Date
/s/
Attorney signature

Attorney name (type or print) Bar no.

Signature of minor

Address

City, state, zip Telephone no.

FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: _____

File No. _____

Full Name of Fiduciary _____

DOB _____

DL# _____

Home Address _____

Own
 Rent

Home Phone (including area code) _____

City/State/ZIP _____

Work Phone (including area code) _____

YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE

Occupation _____

Work Address _____

Employer Name _____

City/State/ZIP _____

Banking Institution _____

Address of Bank Branch _____

Banking Institution _____

Address of Bank Branch _____

Personal Reference:

Name _____

Address _____

Phone (including area code) _____

City/State/ZIP _____

This document is for Court use only and will NOT be part of the public record.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____,
Date Time

at _____ before Judge _____ Bar no.
Location

for the following purpose(s): (state the nature of the hearing)

If 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.

_____		Date	
Attorney name	Bar no.	Petitioner name	
_____		Address	
Address		City, state, zip	Telephone no.
City, state, zip	Telephone no.	City, state, zip	Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF	MINOR GUARDIANSHIP SOCIAL HISTORY	FILE NO.
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USE NOTE: File this form with the petition for appointment of guardian. This information is confidential and will not be placed in the public court file.

Parent and Minor Child Information:

Name of minor		Minor's birth date	Last 4 digits of Minor's SSN
Minor's present address		City	State Zip
Parent's name	Parent's birth date	Parent's name	Parent's birth date
Father's name on minor's birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Paternity established through court proceedings If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County		
Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor's parents divorced from each other If yes, specify county of divorce <input type="checkbox"/> Yes <input type="checkbox"/> No _____ County		
Check any of the following that are true about the child or parent(s) and describe below (include the name of any case worker)			
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Victim of domestic violence	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Had contact with the protective services unit of MDHHS	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a substance abuse problem	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a mental health problem	
Name of school child attends (specify if home schooled)			
Describe child's school attendance, behavior, and grades			
Describe child's relationship and extent of contact with parent(s)			
If the child is a member of an Indian tribe, or is eligible for membership in an Indian tribe and is a biological child of a member of an Indian tribe, list the child's tribal affiliation.			

Proposed Guardian Information:

Name of proposed guardian (including any prior names)		Birth date	Driver's license no.	Last 4 digits of SSN
Present address		City	State Zip	Length of time at this address
Relationship to minor	Home phone no.	Work phone no.	Cell phone no.	Best number to call between 8:00 a.m. and 5:00 p.m.
Guardianship of any other minor	If yes, give name and file numbers of each minor child			
Occupation	Employer's name and telephone no.			Length of time with this employer
Check any of the following that are true about the proposed guardian and describe below (include the name of any case worker)				
<input type="checkbox"/> Victim of domestic violence				
<input type="checkbox"/> Had contact with the protective services unit of MDHHS				
<input type="checkbox"/> Experienced a substance abuse problem				
<input type="checkbox"/> Experienced a mental health problem				
Specify the date, place, and nature of any offense, other than a minor traffic violation, for which you were convicted; check if none				
<input type="checkbox"/> None				

Proposed Guardian Questionnaire: (the proposed guardian must complete all items below)

1. Describe the reasons for the guardianship.

2. Do the parents agree with this guardianship? Yes No If no, explain.

3. Describe the parents' visiting schedule with the child after you are the guardian. If there is no understanding about this, check none.

4. Describe any physical and/or mental limitations you have that would affect your ability to raise this child. If there are none, check none.

5. Describe the type (visits, telephone calls, etc.) and frequency of contact (daily, weekly, etc.) you have had with the minor in the past.

6. Explain how you propose to handle the additional financial burden of this guardianship. List annual income of the household and the sources of that income.

7. Describe the sleeping space you have in your home for this child.

8. Indicate how many other children live in your home.

9. Describe the methods of discipline you would use to control this child.

10. Provide the full name and date of birth of every adult living in the home.

11. List two people the court may contact for references. Provide their names, addresses, and telephone numbers.

12. Specify any other information you believe would be helpful to the court.

Date

Signature

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

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

Service fee	Miles traveled	Fee	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

Date

Signature

Name (Type or Print)

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