

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 to Terminate or Modify a Minor Guardianship

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.

Please read all instructions before attempting to complete any paperwork contained in this packet, as you may not need to complete all of these forms in your particular case.

Fees

- Filing Fee - \$20.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)
 - New letters will only be issued if you are seeking a modification and it is granted.

Fees cannot be returned if your petition is denied.

Forms

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

1. Petition to Terminate/Modify Guardianship (PC 675): Complete the entire form. Do not write anything for number 3, as that item applies only to adult guardianships.

If the minor is 14 years old, or older, please have the minor complete the "Nomination By Minor" section at the end of the Petition.

2. Fiduciary Proof of Identity: Complete this form only if you are asking the Court to appoint a new guardian. 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 this form as indicated. This document is placed in the non-public portion of the file. If you are seeking to change guardians, complete the entire form. If you are seeking to terminate the guardianship, you only need to complete the "Parent and Minor Child Information" section.

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.

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

PETITION TO
 TERMINATE MODIFY
GUARDIANSHIP
 LEGALLY INCAPACITATED INDIVIDUAL MINOR

FILE NO. _____

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

Court ORI	Date of birth	Race	Sex	Current address of ward
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1. I am interested in this matter as _____
State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses 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.

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

b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is _____

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

c. If this guardianship is terminated, the minor child will be returned to _____

(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

3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is _____ and has
- a spouse adult child(ren) living parents whose name(s) and address(es) are listed below.
 - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
 - none of the above (must notify the Attorney General***).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
		Street address	City	State	Zip Telephone no.
		Street address	City	State	Zip Telephone no.
	Guardian	Street address	City	State	Zip Telephone no.

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____

I REQUEST that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who has has not been suspended.
- 8. Appoint _____
 Name (type or print) Address
 City State Zip Telephone no.
 as successor guardian.
- 9. Appoint _____
 Name (type or print) Address
 City State Zip Telephone no.
 as a temporary guardian pending appointment of a successor.
- 10. Modify the powers of the guardian 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

 Name (type or print) Bar no.

 Address

 City, state, zip Telephone no.

 Date

 Petitioner signature

 Name (type or print)

 Address

 City, state, zip Telephone no.

NOMINATION BY MINOR:

I am 14 years of age or older. I nominate _____ as my guardian, who lives at _____
 Name

 Address City State Zip

 Date

 Signature of minor

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	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

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 _____
Location Bar no.

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.

_____	_____	_____	_____
Attorney name	Bar no.	Petitioner name	Date
_____	_____	_____	_____
Address	_____	Address	_____
_____	_____	_____	_____
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 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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