

# Jackson County Probate Court

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

## 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 (optional): 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. 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

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 JACKSON COUNTY	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	CASE NO. and JUDGE
--	---	--------------------

Court address 312 S. JACKSON STREET JACKSON, MI 49201	Court telephone no. 517 788-4290
--	-------------------------------------

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

Court ORI	Current age of ward	Race	Sex	Current address of ward
-----------	---------------------	------	-----	-------------------------

Petitioner's name, address, and telephone no.

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

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/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.

\*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).

2. (continued)

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

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.
		Street address	City	State	Zip Telephone no.
		Street address	City	State	Zip Telephone no.
	Guardian	Street address	City	State	Zip Telephone no.
	Standby 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. Remove \_\_\_\_\_ as standby guardian.  
Name (type or print)

9. Designate \_\_\_\_\_ as standby guardian.  
Name (type or print) Address

City State Zip Telephone no.

as standby guardian.

10. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as successor **full guardian**.

11. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as **temporary guardian** pending appointment of a successor.

12. Appoint \_\_\_\_\_  
Name (type or print) Address  
\_\_\_\_\_  
City State Zip Telephone no.  
as successor **limited guardian** with only the following powers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

**NOMINATION BY MINOR:**

I am 14 years of age or older. I nominate \_\_\_\_\_,  
Name (type or print)  
\_\_\_\_\_  
Address City State Zip  
as my guardian.

\_\_\_\_\_  
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.**

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>MINOR GUARDIANSHIP SOCIAL HISTORY</b>	<b>FILE NO.</b>
--	--	-----------------

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate		If yes, specify court and county where paternity was established _____ County	
Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor's parents divorced from each other <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify county of divorce _____ 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.

\_\_\_\_\_ Date

\_\_\_\_\_ Attorney name Bar no.

\_\_\_\_\_ Petitioner name

\_\_\_\_\_ 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) \_\_\_\_\_

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 JACKSON JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	--------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
-------------------------------	---	-------------------------------

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

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- Provide only the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	--	--------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- Provide only the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other