

## FORMS FOR GUARDIANSHIP OF A MINOR

Forms must be filled out completely. All ORIGINAL forms get mailed to the Court; keep copies for your own record.

1. **Explanation of Guardianship** with commonly asked questions and answers.
2. **Petition for Appointment of Guardian of a Minor**- This petition is filed by someone other than the parent of the minor. In order to begin the guardianship process you will need to deliver (by mail or in person) the completed petition and Minor Guardianship Social History (see 3 below) to the Court along with your payment of \$175.00 payable to the Ottawa County Probate Court. If you mail the paperwork, please give the Court two-three days to receive and process your petition.
3. **Minor Guardianship Social History Form**- Complete this form, both pages.
4. **Notice of Hearing**- Call 616-786-4110 to obtain a date and time for your Court hearing. Complete as much of the form as you are able, the rest of the information will be given to you by the Court when you call (date/time/file number).
5. **Proof of Service**- This form tells the Judge that you sent copies of the Petition to Appoint Guardian and Notice of Hearing to all interested parties. Interested parties include but may not be limited to the following:
  - a. Parents of the minor.
  - b. The minor of whom you are seeking guardianship if age 14 or older.
  - c. If known, any person named power of attorney or attorney in fact for the minor.
  - d. The nominated guardian or current guardian if already appointed.
  - e. Any government agency paying benefits in care of the minor or for which an application may be pending.

Complete the proof of service by filling in the names and addresses of each person served under the appropriate heading; by regular mail or in person and include the date the service was made. **The Court requires that all interested persons be served the required documents no less than 14 days prior to the scheduled hearing if serving by regular mail and no less than 7 days before the scheduled hearing if serving by hand (in person).** Don't forget to sign and date the bottom of the form.

\*\*\*\*\*STOP PLEASE READ\*\*\*\*\*

You must make every effort to obtain addresses for the people you are required to serve, if you do not know an address you must do the following:

- ✓ Check the phone book
- ✓ Complete an internet search, if possible
- ✓ Contact the Friend of the Court office for a last known address they may have on file
- ✓ Contact any known family members of the person in order to obtain a last known address

Please make all necessary copies of your petition and notice of hearing (including one for yourself and one for each interested party) \*ALL ORIGINAL DOCUMENTS NEED TO BE MAILED OR PERSONALLY DELIVERED TO THE COURT

6. **Acceptance of Appointment**- This is signed by the proposed guardian(s); this lets the Court know that the person accepts the guardianship and its responsibilities.

**COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS PROCESS PLEASE CONTACT AN ATTORNEY**

Ottawa County Probate Court  
12120 Fillmore Street  
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM  
Phone: 616-786-4110  
Website: [www.miottawa.org](http://www.miottawa.org)

## **GUARDIANSHIP OF A MINOR CHILD Q AND A**

**Q. Someone has left a minor child (under age 18) with me, has not returned, and I am caring for this child. What should I do to protect myself and this child?**

**A.** If you know where the parents are, you can ask for them to grant you a Power of Attorney (POA). This is a document that will give you the power to provide for the care of the child. A POA will be good for up to 6 months. The POA should be typed or hand written in ink and should be signed and dated by the parents. If the parents do not want to give you a POA or you cannot find the parents then you may want to contact the Ottawa County Probate Court for information about obtaining guardianship (616-786-4110).

**Q. Are there different types of guardians? What types?**

**A.** The Court can appoint a temporary, full or limited guardian.

Temporary guardianship is granted due to an emergency pending a hearing to appoint a full guardian. This is done on a case by case basis. You may contact the Probate Court to determine if this is appropriate for your case.

A full guardian is a person who cares for a child in place of the parent. The child must be living with the proposed guardian at the time the petition is filed. This type of guardianship can continue up until the child turns 18, but can also be reviewed, modified or terminated by filing a petition to modify or terminate guardianship by the parents, guardians or other interested parties of the child.

Limited guardianship is a guardianship that is established at the request of the custodial parent and includes a limited guardianship placement plan that outlines the efforts that the parent(s) must make before attempting to dissolve the guardianship. The limited guardianship is a temporary suspension of parental rights. If the parents do not complete the requirements of the placement plan the guardians may ask for a termination of parental rights and adoption of the child. Therefore, the parents should be very committed to completing the steps of the placement plan.

**Q. What are some of the issues I should consider before trying to obtain guardianship?**

**A.** While guardianships are meant to be temporary, it is entirely possible that you could be taking care of the child until age 18. Look carefully at your options and make sure you are willing and able to care for the child on a full time basis. If you think you may need assistance in caring for the child medically

or financially you should contact your local Department of Human Services to inquire about assistance that may be available to you.

**Q. What criteria does the Probate Court utilize in deciding who should be a guardian for a minor?**

A. The Court is interested in establishing that the candidate does not have a serious criminal record. The Court will want to satisfy itself that the candidate generally understands the responsibilities to be imposed upon them as guardian and that they are committed to looking out for the minor's best interests and well being.

**Q. How do I get the Probate Court to appoint me the guardian of a child?**

A. You must file a Petition to Appoint Guardian of a Minor; packets of forms are available at the Probate Court (12120 Fillmore St., West Olive MI 49460) as well as the LSHC (Legal Self Help Center, 414 Washington, Grand Haven MI 49417) or can be completed and printed from the following websites; [www.miottawa.org](http://www.miottawa.org), <http://courts.michigan.gov/scao/courtforms/index.htm> There is a fee of \$150.00 to file per petition (per child). Contact the Court directly with any procedural (non-legal) questions you may have.

**Q. What do I do once the forms are completed?**

A. You will file all original paperwork with the Probate Court. Please refer to the cover page of the packet of forms you received from the Court or visit our website [www.miottawa.org](http://www.miottawa.org) for a copy of the procedural instructions for filing for guardianship of a minor.

**Q. What should I expect at my Court hearing?**

A. Probate Court hearings are typically scheduled on Mondays and can be scheduled for anytime between 8 a.m. and 4:00 p.m. You should arrive to the Probate Court on time, dressed neatly, and with any and all documents and/or persons you wish to present to the Court. Check in with the clerk at the Probate Court window to let them know that you are present and ready for your hearing. The clerk will then direct you to the appropriate Courtroom. Unless otherwise directed by the Judge, after your hearing you should quietly exit the Courtroom and wait in the lobby while your paperwork is being processed. Once your copies of the documents are prepared they will be presented to you in the lobby by staff.

OTTAWA COUNTY PROBATE COURT    PHONE: 616-786-4110  
12120 FILLMORE STREET                WEBSITE: [www.miottawa.org](http://www.miottawa.org)  
WEST OLIVE, MI 49460

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR</b>	<b>FILE NO.</b>
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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).

4. The persons interested in this proceeding are: \*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

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.  judgment of divorce or separate maintenance.
    - 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

\_\_\_\_\_  
Date  
/s/  
Signature of petitioner

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

\_\_\_\_\_  
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

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

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

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

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

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



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY OF OTTAWA</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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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	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

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STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF OTTAWA

ACCEPTANCE OF APPOINTMENT

FILE NO.

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

1. I have been appointed \_\_\_\_\_ of the person/estate.  
Type of fiduciary

2. I accept the appointment, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.

3. For a period of \_\_\_\_\_ days from the date of my appointment, I exclude from the scope of my responsibility the  
not to exceed 91 days

following real estate or ownership interest in a business entity: \_\_\_\_\_  
Describe real property or business interest

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

because I reasonably believe the real estate or other property owned by the business entity is or may be contaminated by a hazardous substance, or is or has been used in an activity directly or indirectly involving a hazardous substance that could result in liability to the estate or otherwise impair the value of property held by the estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Attorney address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Date of birth

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