

FORMS FOR LIMITED 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 the custodial parent(s) of the minor. In order to begin the guardianship process you will need to deliver (by mail or in person) the completed petition, the Limited Guardianship Placement Plan and the Minor Guardianship Social History (see 3 below) to the Court along with your payment of \$175.00 payable to 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. **Limited Guardianship Placement Plan**- This form is to be completed by the parent(s) that have completed the petition; this outlines the steps to be taken before attempting to terminate a guardianship if granted. The form is also signed by the proposed guardians on page two. Complete both pages of the form. *see the Q & A section of the packet for more information.
5. **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).
6. **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

7. **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. *The proposed guardians have also signed an acceptance on the Limited Guardianship Placement Plan, they may be asked to sign this form separately.

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

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://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 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
WEST OLIVE, MI 49460

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____****PETITION FOR APPOINTMENT OF
LIMITED GUARDIAN OF MINOR****FILE NO.**

In the matter of _____, a minor
First, middle, and last name **XXX-XX-**
Last four digits of SSN

1. I am interested in this matter and make this petition as custodial parent of the minor.

☐ 2. 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.

3. 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: _____.

4. ☐ 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.

5. 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)

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

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

I REQUEST:

8. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.
9. Other: _____

10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

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	_____ Date
/s/ _____ Signature of custodial parent	/s/ _____ Signature of custodial parent
_____ Address	_____ Address
_____ City, state, zip	_____ City, state, zip
_____ Telephone no.	_____ 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	/s/ _____ Signature of minor
/s/ _____ Attorney signature	
_____ Attorney name (type or print)	_____ Bar no.
_____ Address	
_____ City, state, zip	_____ Telephone no.

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**
**MINOR GUARDIANSHIP
SOCIAL HISTORY**
FILE NO.

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		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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County			
Minor's parents married to each other		Minor's parents divorced from each other If yes, specify county of divorce			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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 OTTAWA 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 Driver license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

**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 MARK A FEYEN P32369
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	
_____		_____	
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 OTTAWA	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: PETITION TO APPOINT LIMITED GUARDIAN OF MINOR, NOTICE OF HEARING

- ☐ 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	TOTAL 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.

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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 LIMITED GUARDIAN 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

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