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| STATE OF MICHIGAN PROBATE COURT COUNTY OF | PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL | FILE NO. |
|--|--|-----------------|

In the matter of _____, an individual with a developmental disability

1. I, _____, am interested in this matter and make this petition as
Name (type or print)

_____ .
State interest/relationship

2. The developmentally disabled individual's address is _____

_____ .
City State Zip

3. The guardian's address is _____

_____ .
City State Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

| NAME | ADDRESS AND TELEPHONE NUMBER | RELATIONSHIP | AGE/DOB (if minor) |
|------|------------------------------|--------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

_____ .

I REQUEST that the court:

- 6. Terminate
 - a. all part of the plenary guardian of the individual. estate.
 - b. all part of the partial guardian of the individual. estate.
- 7. Accept the resignation of the
 - a. plenary guardian of the individual. estate.
 - b. partial guardian of the individual. estate.
 - c. standby guardian.

(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.

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8. Remove the
 a. plenary guardian of the individual estate,
 b. partial guardian of the individual estate,
 c. standby guardian,
who has has not been suspended.

9. Appoint _____
Name Address

City State Zip Telephone no.
as temporary guardian successor partial guardian successor plenary guardian
of the individual. estate.

10. Appoint _____
Name Address

City State Zip Telephone no.
as standby guardian of the individual. estate.

11. Modify the powers of the plenary guardian partial guardian of the individual estate 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 | Date |
| _____ | _____ |
| Petitioner signature | _____ |
| _____ | _____ |
| Name (type or print) Bar no. | Name (type or print) |
| _____ | _____ |
| Address | Address |
| _____ | _____ |
| City, state, zip Telephone no. | City, state, zip Telephone no. |

| | | |
|--|-------------------------|-----------------|
| STATE OF MICHIGAN PROBATE COURT COUNTY OF | 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 | |
| \$ | | \$ | |
| Incorrect address fee | Miles traveled | Fee | TOTAL FEE |
| \$ | | \$ | \$ |

Date

Signature

Name (type or print)

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