

## **FILING A PETITION TO TERMINATE/MODIFY GUARDIANSHIP OF INCAPACITATED INDIVIDUAL OR MINOR**

- Complete the Petition (**PC 675**), don't forget to sign and date the form.
- Keep enough copies of the Petition to serve on all interested parties as well as keep one for your own records
- Send in the original Petition with the filing fee (\$20 per Petition) to **Ottawa County Probate Court at 12120 Fillmore Street, West Olive, MI 49460**
- You will also receive a Notice of Hearing form (**PC 562**) and a Proof of Service form (**PC 564**), you will need to keep these forms with you until you receive a hearing date and time from the Probate Court
- After you have mailed in the original Petition with filing fee wait 2-3 business days for delivery and then call 616-786-4110 for a hearing date and time (NOTE: we must have already received your Petition and filing fee before we will give you a hearing date and time)
- Once you are given a hearing date and time from the Court, you will fill out the Notice of Hearing form with the information given to you
- You will then fill out the proof of service with file number, name, title of papers served (which will be a copy of the petition to term/mod guardianship as well as the completed Notice of Hearing you will then have to fill in who, when and how you served the interested parties in the case either by mail (must be sent 14 days prior to the date of the hearing) or personal service (must be served 7 days prior to the date of the hearing), sign and date this form and send in the original Notice of Hearing and Proof of Service to the Probate Court (address above) keeping any copies you may need for your own records.

**\*NOTE, the Court must receive all original paperwork**

**\*\*PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY TROUBLE FILLING OUT THESE FORMS OR DETERMINING INTERESTED PARTIES, AS COURT STAFF CANNOT GIVE LEGAL ADVICE, THANK YOU\*\***

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)

## **Items Considered When Filing a Petition for Modification/Termination of Guardianship**

The Judge requires by way of proof that the parent requesting the child returned to them can be a good parent, proof can be as follows:

1. Do they have housing, and how often have they moved? They may want to get a letter from a landlord regarding length of residence.
2. Do they have employment? They may want to get a letter from an employer or have proof of regular income.
3. Were they required to attend counseling? Parenting classes? (Refer to placement plan if Limited Guardianship), a letter from a counselor/instructor, proof of successful completion should be obtained.
4. How often have they visited the child? Did they follow the placement plan (if applicable)? If there is a log of visitations this may be helpful.
5. Have they abstained from drugs/alcohol? If they have attended classes regarding such use they should obtain proof of attendance.
6. Are they married/single/divorced? What type of relationship are they involved in? What other adults will be in contact with the child/children?
7. Does the guardian agree to the dissolution of the guardianship? If this is a contested matter the Judge may appoint a mediator and/or a Guardian-Ad-Litem for the child.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>MINOR</b>	<b>FILE NO.</b>  
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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.
	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.

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Name (type or print) Bar no.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**NOMINATION BY MINOR:**

- I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian, who lives at

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

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

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.

\_\_\_\_\_  
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 PROBATE COURT COUNTY OF</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: PETITION TO TERMINATE OR MODIFY GUARDIANSHIP, 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	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
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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