

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

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

Name

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	_____
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).

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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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	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

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