



FILING INSTRUCTIONS FOR GUARDIANSHIP OF A MINOR

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

NEEDED TO FILE:

- Petition for Appointment of Guardian of Minor PC 651
- Copy of minor's official birth certificate (not hospital record)
- Guardian/Conservator Criminal History Background Consent Form VBC 4006
- Minor Guardianship Social History PC 670
- Minor Guardianship Parent Information VBC 4202
- Waiver and Consent PC 561 (from parents, if possible)
- \$175.00 Filing fee for each petition filed

These documents are required for **each** minor for whom guardianship is being requested.

On the Petition for Appointment of Guardian of Minor, the child's full name goes on the first line after "In the matter of".

Item 1: Fill in the full name of the person or persons petitioning for guardianship.

Item 5: If addresses are unknown, publication may be required at the expense of the petitioner.

Item 6: Check appropriate box. A box must be checked, or petition cannot be filed.

Item 7: If there is an emergency that requires immediate action, complete this item. The temporary guardian (usually the petitioner) acts in the minor's behalf until the regular appointment is made at the hearing.

Item 8: Fill in the name(s) and address(s) of the person(s) requesting appointment as guardian(s). Make the request for Ms. A **and/or** Mr. B if you wish to be able to file documents and act independently. If the appointment is made for Ms. A **and** Mr. B then both signatures will be required.

Petitioner is to date and sign petition. If there are two petitioners, both must date and sign petition.

If the minor is 14 years of age or older, he or she can nominate a guardian on the bottom of the form.

Waiver and Consent (to be completed by parent(s) if possible)

- To complete this form, fill in the minor's full name after "In the matter of".
- Item 1: Fill in appropriate relationship (i.e. mother or father).
- Item 2: Fill in a copy of the "Petition for Appointment of Guardian of Minor".
- Date and sign as indicated.

After these documents have been reviewed by court staff and filed, an investigation of the proposed guardian(s) and their home will be ordered. A DHHS caseworker will call and schedule an appointment. A hearing date will be scheduled. If you have questions please contact probate@vanburencountymi.gov or (269) 657-8225.

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

Petitioner's name, address and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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 is currently _____, is female, male, is unmarried, resides in _____
Age 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: _____.

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. 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.

5. The persons interested in this proceeding are:

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).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.
	Parent/Age _____	Street address			
		City	State	Zip	Telephone no.

5. The persons interested in this proceeding are: (continued)

*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				
		Street address	City	State	Zip	Telephone no.
	Conservator	Street address				
		City				
	Guardian	Street address				
		City				
	Person with care/ custody of minor*	Street address				
		City				

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.
		Street address				
		City				
		Street address				
		City				
		Street address				
		City				

None of these persons are under any legal incapacity except _____
 Name, incapacity, and representative of the person, if any

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.
 - disappearance.
 - confinement in a place of detention.
 - judicial determination of mental incompetency.
 - a previous court order other than an order appointing a limited guardian of the minor.
 - judgment of divorce or separate maintenance.

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 _____.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
		Telephone no.	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
		Telephone no.	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	MINOR GUARDIANSHIP SOCIAL HISTORY	FILE NO.
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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



MINOR GUARDIANSHIP
PARENT INFORMATION

CASE NO.

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

IN THE MATTER OF _____

SS# _____ DOB: _____ GRADE: _____ SCHOOL: _____

Father: Eyes: _____ Hair: _____ Hgt: _____ Wgt: _____ Race: _____

Mother: Eyes: _____ Hair: _____ Hgt: _____ Wgt: _____ Race: _____

FATHER

MOTHER

Full name

Full name

Address

Maiden name

Address

City State Zip

City State Zip

Home phone number

Work number

Home phone number

Work Number

Cell Phone

Other

Cell Phone

Other

Date of Birth

Social Security Number

Date of Birth

Social Security Number

Driver's License Number & State

Driver's License Number & State

Employer Name

Employer Name

Employer Address

Employer Address

City State Zip

City State Zip

Employer Phone Number

Employer Phone Number

NOTES/COMMENTS:



GUARDIAN / CONSERVATOR CRIMINAL HISTORY BACKGROUND CONSENT FORM

Court Address
212 E. Paw Paw Street, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8200

As a proposed guardian or conservator, I understand that it is the court's policy to secure criminal history information as a part of the appointment process. I hereby authorize the court to utilize the information given below for the sole purpose of obtaining a criminal history report on me.

Applicant's First Name		Middle Name		Last Name		Maiden / Alias Name	
Address				City		State	Zip
Phone Number <input type="checkbox"/> Cell		Email Address				Date of Birth:	
Race		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number		Driver's License Number		State
Height		Weight		Hair color		Eye Color	

(Attach a copy of the Driver's License)

Signature

Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	CONTACT INFORMATION <input type="checkbox"/> AMENDED	CASE NUMBER and JUDGE
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Court address _____

Court telephone number _____

This form is confidential and not to be served on other parties in this case. Any contact information below that has already been provided or is provided in the future in a public court filing or through the MiFILE system will not be made confidential by this document.

Please provide the following contact information:

1. Your name: _____
First, middle, and last name

2. a. Telephone number where the court can contact me: _____
 This telephone: can cannot receive text messages from the court.
 can cannot receive voice messages from the court.

b. I do not have a telephone number where the court can contact me.

3. a. E-mail address where I can receive e-mails: _____

b. I do not have an e-mail address where I can receive e-mails from the court.

PLEASE READ AND UNDERSTAND THE FOLLOWING:
 Upon signing this form, you are consenting to text, e-mail, and/or phone notifications on your court case. If the case is NON-PUBLIC, it is NOT ELIGIBLE for text or phone notifications.

By signing this form, I authorize the _____ court to notify me of upcoming events in this case.
Name of court

I understand, based on the options chosen above that I will receive text, e-mail, and/or voice notifications to the phone number or e-mail address listed on this form. I also understand that the _____ court is not
Name of court

responsible for any additional fees or charges due to my phone carrier data rates.

In the event that my e-mail, or cell or land line phone number changes, I will notify the court to update their records, and if I fail to do so it will result in the termination of this service from the court.

Privacy Disclaimer: Your contact information is necessary to assist the court in providing important information in a timely manner. Your information will not be sold, distributed, or shared with any other entity. You can OPT-OUT of the system at any time. Simply reply OPTOUT to any received message.

 Date

 Signature

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF <input type="checkbox"/> APPOINTMENT <input type="checkbox"/> DESIGNATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

- 1. I have been appointed _____ of the person/estate.
Type of fiduciary
- 2. I have been designated standby guardian of the legally incapacitated individual.
- 3. I accept the appointment, designation, submit to personal jurisdiction of the court, and agree to file reports and to perform all required duties.
- 4. For a period of _____ days from the date of my appointment, I exclude from the scope of my
not to exceed 91 days
responsibility the 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. _____

Put DOB in row 10 on MC 97a. _____
Date of birth

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, **DO NOT** include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other



INTERESTED PERSONS – REPORTS AND ACCOUNTS

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Who Should receive the annual report of an incapacitated adult?	Who should receive the annual report for a minor guardianship?	Who should receive the inventory or account?
<ul style="list-style-type: none"> • The Ward; • The person who has principal care and custody of the ward. <i>This means the nursing home or adult foster care home if the ward is living in such a place;</i> and • The spouse and adult children of the ward, if any. • If no spouse or adult children of the ward, then the presumptive heirs* of the ward. <p style="text-align: right;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> • The ward, if 14 years or older. • The minor’s parents, • If neither of the parents are living, any grandparents and adult presumptive heirs* of the minor. <p style="text-align: right;">MCR 5.125(C)(24)</p>	<ul style="list-style-type: none"> • The protected individual (if 14 or older); • The presumptive heirs* of the protected individual or ward; • Claimants (i.e., anyone who has filed a claim against the protected individual’s estate). • Guardian ad litem, and • The personal representative, if any. <p style="text-align: right;">MCR 5.125(C)(28)</p>

*WHO IS A PRESUMPTIVE HEIR?

1. If a person has a spouse, that **spouse** is a presumptive heir of the person;
2. If a person has children, those **children** are presumptive heirs of the person;
3. If the person has a child who passed away, and that child left children of his or her own, then those **grandchildren** of the person would be presumptive heirs of the person;
4. If the person has no children, grandchildren, or other descendants, then the person’s **parents** (or parent, if only one is living) are the person’s presumptive heirs;
5. If the person has no descendants and both parents are deceased, then the person’s **brothers and sisters** are the presumptive heirs;
6. If the person has no descendants and both parents are deceased, and the person had a brother or sister who passed away, and that brother or sister left children of his or her own, then those **nieces and nephews** of the person would be presumptive heirs.
7. If the person has no descendants, both parents are deceased, and there are no brothers or sisters or children of brothers and sisters, then **grandparents** of the person are presumptive heirs of the person (and if both grandparents are deceased, then any uncles or aunts, or children of the deceased uncles or aunts, would be presumptive heirs of the person);
8. If, or after following steps 1 through 7 above, you find no presumptive heirs, then the **State of Michigan** is the presumptive heir of the person.

Attorney General—State of Michigan
State Public Administrator
P.O. Box 30755, Lansing, MI 48909

This document is for informational purposes. It is not a substitute for legal advice. The Van Buren County Probate Court staff cannot give you legal advice and cannot tell you what to do. If you have legal questions, you should speak with an attorney.