


Calhoun County Probate Court
Calhoun County, Michigan

Michael L. Jaconette
Chief Probate Judge

Calhoun County Justice Center
161 E. Michigan Ave.
Battle Creek, MI 49014-4066
269-969-6794
Fax (269) 969-6797

Kristen L. Getting
Court Administrator

Cindy K. Rude
Probate Manager/Register

**GUARDIANSHIP OF MINOR
FULL GUARDIANSHIP PACKET
FILED BY PERSON HAVING CARE/CUSTODY OF MINOR**

Forms filed in the county where the individual resides or is currently found:

- 1) If filed by custodial parent:
 - a. Petition for Appointment of Limited Guardian of Minor (PC 650) and
 - b. Limited Guardianship Placement Plan (PC 652)
- 2) If filed by person having care/custody of minor:
 - a. Petition for Appointment of Guardian of Minor (PC 651)
- 3) Minor Guardianship Social History (PC 670)
- 4) Protected Personal Identifying Information (**MC 97**) **for the subject of the petition**
- 5) Acceptance of Appointment (PC 571)
- 6) Addendum to Protected Personal Identifying Information (**MC 97a**) **for the proposed fiduciary**
- 7) Criminal History Release form (for the proposed guardian)
- 8) Other forms may be required, depending on circumstances

Filing Fee:

\$175 filing fee

\$20 service fee if you want the Court to copy and mail the documents for you

**POWER OF ATTORNEY
AND
GUARDIANSHIPS OF MINORS
FULL GUARDIANSHIP PACKET**

If a minor needs someone other than a parent to have authority for care, custody or property, here are the options:

1. **Power of Attorney:**
 - a. Signed by a parent to give someone they choose temporary authority for six months or less.
 - b. Given by the parent to the other person.
 - c. Does not limit the power of the parent to act.
 - d. Is not filed with the court.
 2. **Reasons for Minor Guardianships (see forms for specifics):**
 - a. **Limited:** The parent(s) have a reason (or reasons) they wish someone to assume care of their child.
 - b. **Full:** The person the minor is living with needs legal authority to care for the child.
 3. **Types of Minor Guardianships:**
 - a. **Limited:** The petition is filed by the custodial parent(s) along with an agreement between the parent and guardian (called a limited guardianship placement plan – see below).
 - b. **Full:** The petition is filed by someone the minor is living with (and the parent is not living in the same household).
 4. **Guardianship:**
 - a. A petition is filed with the court, and a hearing is held.
 - b. A guardianship temporarily suspends the rights and authority of the parents, and gives those rights and authority to the guardian.
 - c. A guardian has the responsibility and authority for the education and activities of the minor, and to authorize medical or other professional care or treatment for the minor.
 - d. The Court may order reasonable support, visitation and/or contact of the minor by his or her parent(s).
- **Warning: If a parent agrees to a limited guardianship placement plan but fails to substantially comply with it without good cause, they may lose their parental rights.**

\$175 filing fee

PCS Code: FGM
TCS Code: PGM

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	CASE NO. and JUDGE
---	--	---------------------------

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 of the following emergency:

I REQUEST:

8. _____, whose address and telephone number are

Name Address City/Township State Zip Telephone no.

be appointed guardian of the minor.

9. The court order the parent(s) to provide reasonable support for parenting time with contact with the minor.

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

Signature of petitioner

Date

Signature of petitioner

Date

Signature of attorney

10. I am 14 years of age or older. I nominate _____ as my guardian, who lives at

Address Name City State Zip

Date

Signature of minor

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 JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	--------------------

Court address

Court telephone no.

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

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. 1" in place of the DOB in the document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in documents being filed.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	---------------------------

Court address _____ Court telephone no. _____

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

If this form is filed on or after January 1, 2022, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. 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:

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a 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 document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
	Please add Driver's License Number for the proposed fiduciary in the field marked Other.		
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

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCEPTANCE OF APPOINTMENT	CASE NO. and JUDGE
---	----------------------------------	---------------------------

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 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
not to exceed 91 days

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

CALHOUN COUNTY PROBATE COURT CRIMINAL HISTORY CHECK

CASE NAME: _____

FILE #: _____

I, the undersigned, having requested my appointment as a fiduciary with the Calhoun County Probate Court, do hereby authorize the Calhoun County Probate Court to conduct a criminal history check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as a fiduciary.

Please print information below:

PROPOSED FIDUCIARY: _____ / _____ / _____ / _____
First Middle Last Suffix

MAIDEN/OTHER NAME(S): _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____

DRIVER'S LICENSE/ IDENTIFICATION NUMBER: _____

STATE OF ISSUANCE: _____

DATE: _____
Signature