

  
*Calhoun County Probate Court*  
*Calhoun County, Michigan*

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*Michael L. Jaconette*  
Chief Probate Judge

*Calhoun County Justice Center*  
161 E. Michigan Ave.  
Battle Creek, MI 49014-4066  
269-969-6794  
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*Kristen L. Getting*  
Court Administrator  
  
*Cindy K. Rude*  
Probate Manager/Register

**GUARDIANSHIP OF MINOR  
LIMITED GUARDIANSHIP PACKET  
FILED BY CUSTODIAL PARENT**

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  
LIMITED GUARDIANSHIP PACKET**

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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

JIS Code: LGM

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR</b>	<b>CASE NO. and JUDGE</b>
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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 this matter and make this petition as custodial parent of the minor.
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 persons interested in this proceeding are:

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

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

**USE 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).  
 \*Also list persons who had principal care and custody of the minor during the 63 days before filing the petition.

4.  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).
5. 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.
6. The welfare of the minor will be served by the appointment.
7. A proposed limited guardianship placement plan is attached.

**I REQUEST:**

8. \_\_\_\_\_ whose address is \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_ be appointed limited guardian of the minor.  
 City/Township State Zip Telephone no.

9. Other: \_\_\_\_\_  
 \_\_\_\_\_

**10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of custodial parent

\_\_\_\_\_  
Signature of custodial parent

NOTE: If both parents have custody, each must sign.

11. I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian  
 Name  
 who lives at \_\_\_\_\_  
 Address City State Zip

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>LIMITED GUARDIANSHIP PLACEMENT PLAN</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of minor

**Special Note in Completing Form:**

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- To enable my child to attend school in the proposed guardian's school district.
- To provide health insurance through the proposed guardian.
- I will be or am incarcerated until \_\_\_\_\_ .
- I am currently without housing adequate for my child.
- I am unable to care for my child because of my health.
- I am unable to care for my child because of my mental instability.
- I desire an alternative to action recommended by child protective services.
- I have lost substantial control of my child's behavior.
- I need to improve my parenting skills.
- The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- To comply with the requirement of the  Reserves.  Armed Forces.
- Other: \_\_\_\_\_

Approved:  _____ Judge signature and date	<b>FOR COURT USE ONLY</b>
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2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

I will visit my child on: (please mark each day you plan to visit)

\_\_\_ Su \_\_\_ M \_\_\_ Tu \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sa

from: (please specify the time) \_\_\_\_\_ .m. to \_\_\_\_\_ .m.

I will visit my child \_\_\_\_\_ times each  week.  month.

Visits will occur at  my residence.  the proposed guardian's residence.  \_\_\_\_\_ .

Telephone contact will take place  daily.  weekly.  monthly.  \_\_\_\_\_ .

Letters will be sent  daily.  weekly.  monthly.  \_\_\_\_\_

I will attend my child's school conference provided I receive timely notice of the conference.

I will attend counseling with my child.

I will participate in and arrange positive outings with my child  daily.  weekly.  monthly.  \_\_\_\_\_

I will provide transportation for my child for \_\_\_\_\_ .

I will attend all doctor/dental appointments for my child (excluding emergencies).

Transportation to and from visits with my child will be the responsibility of \_\_\_\_\_ .

Collect telephone calls will be accepted at number \_\_\_\_\_ .

Other: \_\_\_\_\_

3. Financial support will be made by me as follows:

Health insurance coverage through \_\_\_\_\_ .

Policy numbers are \_\_\_\_\_ .

School lunch money, clothing, supplies.

Car insurance.

\$ \_\_\_\_\_ each month for room, board, miscellaneous expenses to be paid at month's  end.  beginning.

I will pay for counseling.

I will pay for transportation to and from visits.

I will provide food for my child as follows: \_\_\_\_\_

I will pay for babysitting as follows: \_\_\_\_\_

Other: \_\_\_\_\_

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate  my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer  incarcerated.  on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my  G.E.D.  job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: \_\_\_\_\_

5. I also agree as follows: \_\_\_\_\_

**As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.**

Date	Date
Signature	Signature
Name of custodial parent (type or print)	Name of custodial parent (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.

**AGREEMENT AND ACCEPTANCE OF APPOINTMENT BY LIMITED GUARDIAN**

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date	Date
Signature	Signature
Name of proposed guardian (type or print)	Name of proposed guardian (type or print)
Address	Address
City, state, zip	City, state, zip
Telephone no.	Telephone no.
Put DOB and DLN in Ref. No. row 10 on MC 97a.	Put DOB and DLN in Ref. No. row 11 on MC 97a.
Date of birth	Date of birth
Driver's license no. or other identification	Driver's license no. or other identification

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>MINOR GUARDIANSHIP SOCIAL HISTORY</b>	<b>FILE NO.</b>
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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		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
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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.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ACCEPTANCE OF APPOINTMENT</b>	<b>CASE NO. and JUDGE</b>
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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 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

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	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

<b>Ref. No.</b>	<b>Instructions:</b> 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.		
	<b>Please add Driver's License Number for the proposed fiduciary in the field marked Other.</b>		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other

**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