

**PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR**

**FILING FEE: \$175.00**

CHECK/MONEY ORDER PAYABLE TO:

**“MONROE COUNTY PROBATE COURT”**

**PARENT(S) DO NOT FILE THIS PETITION.**

-EACH MINOR MUST HAVE THEIR OWN PETITION/DOCUMENTS.

**A CENTRAL REGISTRY FORM (ATTACHED) MUST BE COMPLETED FOR EACH PROPOSED GUARDIAN. YOU MUST ALSO PROVIDE A COPY OF YOUR PHOTO ID.**

**AFTER FILING PETITION/SOCIAL HISTORY:**

-COURT WILL REVIEW ALL NECESSARY DOCUMENTS THEN COURT WILL SCHEDULE HEARING AND PROVIDE PACKETS/EXPLAIN PROOF OF SERVICE.

**ALL FORMS ARE AVAILABLE AT THE STATE COURT WEBSITE:**

[www.courts.michigan.gov](http://www.courts.michigan.gov)

**COURTS MAILING ADDRESS:**

MONROE COUNTY PROBATE COURT

106 EAST FIRST STREET

MONROE MI 48161

734.240.7346

<p style="text-align: center;">STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE</p>	<p style="text-align: center;">ADDENDUM TO SCAO FORM PC 625,650,651</p>	<p style="text-align: center;">FILE NO.</p>
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**Instructions for filing a request for emergency temporary guardianship:**

If you believe an emergency exists that needs to be addressed immediately or as soon as possible to safeguard an individual's welfare, please check all the boxes that describe the nature of the emergency:

- The individual will be in physical danger due to abuse, domestic violence or other threat.
- The individual will suffer emotional/psychological harm.
- The individual will have inadequate housing or be homeless.
- The individual will be at risk of not having their basic needs (food, water, shelter) met.
- The individual has medical needs to be addressed.

Does the individual(s) live with you?     YES     NO

**FOR CONSIDERATION OF MINOR GUARDIANSHIP ONLY:**

- The parent(s) of the child is/are currently in jail/prison.
- The parent(s) is/are involved in criminality.
- Other: \_\_\_\_\_

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---DO NOT WRITE BELOW THIS LINE---  
COURT USE ONLY

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> MONROE <b>COUNTY</b>	<b>PETITION FOR APPOINTMENT</b> <b>OF 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 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			
	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.

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	State	Zip	Telephone no.
		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

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 \_\_\_\_\_

**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

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

\_\_\_\_\_  
Date

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF MONROE</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 <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

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

Copy Photo ID Here  
or

Attach a Separate Page

**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State
Phone Number	Email	Zip Code

I am completing this for myself.  I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

**SECTION 2 REQUESTER INFORMATION**

Check Appropriate Box

Employer       Volunteer Agency       Adoption/Foster Care Home Screening       Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney

Name of Agency or Organization  
MONROE COUNTY PROBATE COURT

Name of Requester  
MONROE COUNTY PROBATE COURT

Address  
106 E. FIRST ST.

City  
MONROE

State  
MI

Zip Code  
48161

Email  
734-240-7354

Fax  
734-240-7346

Phone Number  
734-240-7346

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.



## **INSTRUCTIONS FOR FILLING OUT THE DHS-1929**

Michigan Department of Health and Human Services

**Michigan residents requesting clearance on themselves** (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

**Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies** The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

### **Individuals outside of Michigan**

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

### **Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan**

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

### **Out-of-State Adoption and Foster Home Screening**

Please access our website at [www.michigan.gov/MDHHS](http://www.michigan.gov/MDHHS) and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

### **Michigan Camp Volunteers and Employees (All Types)**

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or [www.michigan.gov/lara](http://www.michigan.gov/lara)  
Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at [www.michigan.gov/DHHS](http://www.michigan.gov/DHHS) follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.

**CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services

Copy Photo ID Here  
or  
Attach a Separate Page

**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Also Known as Name (AKA)	Social Security Number	Date of Birth
Address	City	State
Phone Number	Email	Zip Code

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**SECTION 2 REQUESTER INFORMATION**

Check Appropriate Box

Employer     Volunteer Agency     Adoption/Foster Care Home Screening     Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney

Other

Name of Agency or Organization MONROE COUNTY PROBATE COURT	Name of Requester MONROE COUNTY PROBATE COURT
Address 106 E. FIRST ST.	City MONROE
Email	Fax 734-240-7354
	State MI
	Zip Code 48161
	Phone Number 734-240-7346

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<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b>  MONROE	<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</b>  MONROE	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address 106 E. FIRST ST. MONROE, MI 48161	Court telephone no. 734-240-7346
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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: ACCEPTANCE OF APPOINTMENT

\_\_\_\_\_  
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