

# Jackson County Probate Court

312 S. Jackson St.  
Jackson, MI 49201  
Phone: 517-788-4290  
Fax: 517-788-4291

## Instructions for Petition for Guardianship of a Minor Indian Child

Completed paperwork must be legible and typed or written in ink. The Court is required by law to refuse any paperwork that is not legible.

Use this packet ONLY if the minor is Native American, and the custodial parent(s) or Indian custodian of the child do NOT consent to the guardianship.

In any guardianship proceeding involving an Indian child, notice must be provided to the parents or Indian custodian and the tribe by registered mail with return receipt requested and delivery restricted to the addressee. The Notice of Guardianship Proceedings Concerning an Indian Child form, included in this packet, MUST be used to provide this notice. If the identity of the parents, Indian custodian, or tribe are unknown, notice must be provided to the Secretary of the Interior at the address provided on the form.

### Fees

- Filing Fee - \$175.00
- Certified Copies of Letters of Authority (optional) - \$10.00 per certification and \$1.00 per page (usually totals \$11.00 per certified copy)

Fees cannot be returned if your petition is denied.

### Special Rules for Incarcerated Parents

If one, or both, of the minor's parents is incarcerated in the Michigan Department of Corrections, you will need to contact MDOC to determine the parent's prison number and which facility they are housed in. You will need to serve all documents on the incarcerated parent(s), and file a proof of service with the Court. Please note that when mailing to an MDOC inmate, the inmate's prison number must be included in the address. The Court will make arrangements for the incarcerated parent(s) to participate in any hearings by phone or video conference.

## Forms

Below, you will find specific instructions for each form contained in the packet.

1. Petition for Appointment of Guardian of Minor Indian Child (Involuntary Guardianship) (PC 651-Ib): Complete the entire form. If current contact information is unknown, you must make every effort to find a current mailing address for each parent. If the minor has no legal father, please indicate that in the name space for the father.

If the minor is 14 years old, or older, please have the minor complete item number 10 on the Petition.

2. Notice of Guardianship Proceedings Concerning an Indian Child (PC 678): This form must be completed and sent to both parents or the Indian custodian, as well as the Indian tribe. If the identity of these individuals or the tribe is unknown, the form must be sent to the Secretary of the Interior at the address stated on the form. The form **MUST** be sent by registered mail, return receipt requested, and delivery restricted to the addressee.
3. Fiduciary Proof of Identity: Complete this form with all requested information. The information required is the proposed guardian's information. You must attach to the form a clear photo copy of the proposed guardian's driver's license. Even if the proposed guardian is eligible for appointment, Letters of Authority will not be issued unless this form is filed with the Court. This document is only used by the Court. It is not made available to the public.
4. Minor Guardianship Social History (PC 670): Complete the entire form. This document is placed in the non-public portion of the file.
5. Notice of Hearing (PC 562): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court.
6. Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR INDIAN CHILD (INVOLUNTARY GUARDIANSHIP)</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 , Name of tribe and identification no. (if one)

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  
Name (type or print)  
 make this petition as \_\_\_\_\_.  
Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. This is not a voluntary guardianship under MCL 712B.13. The following active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. (Specify efforts below. Attach separate sheet if needed.)

3. 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: \_\_\_\_\_.

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:

\*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.
	Parent/Age _____				
	Parent/Age _____				
	Conservator				
	Guardian				
	Person with care/ custody of minor*				

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.

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(s) permit(s) the minor to reside with another person and the parent(s) do/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

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

**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).



4. (continued)

The persons interested in this proceeding are:

\*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.
	Guardian				
	Person with care/ custody of minor*				

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

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 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.  a previous court order other than an order appointing a limited guardian of the minor.
  - disappearance.  judgment of divorce or separate maintenance.
  - confinement in a place of detention.
  - judicial determination of mental incompetency. **OR**
- b. the parent(s) permit(s) the minor to reside with another person and the parent(s) do/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

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

**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).

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>NOTICE OF GUARDIANSHIP PROCEEDINGS CONCERNING AN INDIAN CHILD</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 Indian child

<b>TO:</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
	<input type="checkbox"/>		
	<input type="checkbox"/>		(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
	<input type="checkbox"/>		
	<input type="checkbox"/>		(Name and telephone no. of ICWA Designated Tribal Agent. See list <a href="#">here</a> . State if unknown.)
	<input type="checkbox"/>		
	<input type="checkbox"/>	Midwest Regional Director, Bureau of Indian Affairs 5600 West American Blvd., Suite 500 Norman Pointe II Building Bloomington, MN 55437 (612) 725-4500	(Use only if identity of parents, custodian, or tribe is unknown. If grandparent(s) are known, please provide name(s) and date(s) of birth on Personal Identifying Information Form [MC 97a].)

**TAKE NOTICE:**

1. A petition regarding guardianship of the Indian child named above has been filed. A hearing will be held on this petition on \_\_\_\_\_ at \_\_\_\_\_.  
Date and time Location
2. A copy of the petition is attached to this notice.
3. You have the absolute right to intervene in this proceeding and, absent objection by either Indian parent, you have the right to petition the court to have this case transferred to the Tribal court of the \_\_\_\_\_  
 Tribe. The Tribal court may decline the transfer.
4. You may object to a transfer of this case to the Tribal court.

5. As a parent or Indian custodian, you have the right to a court-appointed attorney if you are determined indigent. If you intend to request a court-appointed attorney, you should contact the court immediately by telephone or in writing.

If you choose to attend this hearing and you require 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.

**USE NOTE:** This notice must be sent to the parties by personal service or registered mail, return receipt requested.

# FIDUCIARY PROOF OF IDENTITY

(To be completed by all fiduciaries)

PLEASE TYPE OR PRINT LEGIBLY

File Name: \_\_\_\_\_

File No. \_\_\_\_\_

\_\_\_\_\_  
Full Name of Fiduciary

\_\_\_\_\_  
DOB

\_\_\_\_\_  
DL#

\_\_\_\_\_  
Home Address

Own  
 Rent

\_\_\_\_\_  
Home Phone (including area code)

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Work Phone (including area code)

**YOU MUST ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE**

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
City/State/ZIP

\_\_\_\_\_  
Banking Institution

\_\_\_\_\_  
Address of Bank Branch

\_\_\_\_\_  
Banking Institution

\_\_\_\_\_  
Address of Bank Branch

Personal Reference:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone (including area code)

\_\_\_\_\_  
City/State/ZIP

**This document is for Court use only and will NOT be part of the public record.**

<b>STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY CIRCUIT COURT – FAMILY DIVISION</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	Minor's social security no.
Minor's present address		City	State Zip
Mother's name	Mother's birth date	Father's name	Father'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		
Minors 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, father, or mother and describe below (include the name of any case worker)			
<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Victim of domestic violence
<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Had contact with the protective services unit of the Department of Human Services
<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	Experienced a substance abuse problem
<input type="checkbox"/> Child	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	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 license no.	Social security no.
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 the Department of Human Services				
<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				

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  
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 \_\_\_\_\_  
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 _____	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).

**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

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

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	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name (Type or Print)

**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