

<b>LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL COURT</b>	<b>PETITION TO</b> <input type="checkbox"/> <b>TERMINATE</b> <input type="checkbox"/> <b>MODIFY</b> <b>GUARDIANSHIP</b> <input type="checkbox"/> <b>LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> <b>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

Court ORI	Current age of ward	Race	Sex	Current address of ward
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Petitioner's name, address, and telephone no.

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

1. I am interested in this matter as \_\_\_\_\_  
State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses 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.

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

- b.  The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe is \_\_\_\_\_.
- The minor is not an Indian child as defined by MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

2. (continued)

c. If this guardianship is terminated, the minor child will be returned to \_\_\_\_\_

3. The incapacitated individual, whose telephone number is \_\_\_\_\_, has a guardian whose

address is \_\_\_\_\_ and has

a spouse  adult child(ren)  living parents whose name(s) and address(es) are listed below.

no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs\*\* are listed below.

none of the above (must notify the Attorney General\*\*\*).

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.
	Guardian	Street address			
	Guardian	City	State	Zip	Telephone no.

\*\*Presumptive heirs includes minor children, if any.

\*\*\*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are \_\_\_\_\_

**I REQUEST** that the court:

5. Terminate the guardianship.

6. Accept the guardian's resignation.

7. Remove the guardian who  has  has not been suspended.

8. Appoint \_\_\_\_\_  
Name (type or print) Address

City State Zip Telephone no.

as successor guardian.

9. Appoint \_\_\_\_\_  
Name (type or print) Address

City State Zip Telephone no.

as a temporary guardian pending appointment of a successor.

10. Modify the powers of the guardian as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

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

**NOMINATION BY MINOR:**

I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian, who lives

Name

at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

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