

LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL COURT	PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR	CASE NO. and JUDGE
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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				
		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 _____.

I REQUEST:

8. _____, whose address and telephone number are

Name

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

City

State

Zip _____

Date

Signature of minor