JIS Code: PTD

LITTLE RIVER BAND	
<b>OF OTTAWA INDIANS</b>	ò
TRIBAL COURT	

## PETITION TO TERMINATE MODIFY GUARDIAN FOR DEVELOPMENTALLY DISABLED INDIVIDUAL

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,	3E	NO.	allu	JUDGE	

I RIBAL COURT	DISABLED INDIVIDUAL					
Court address					Court t	elephone no.
n the matter of						
First, middle, a	and last name					
Petitioner's name, address, and t	elephone no.		Petitioner'	s attorney, bar no., addre	ss, and telephone no.	
1. I, Name (type or print)			, am	interested in this ma	atter and make this	s petition as
State interest/relationship						·
2. The developmentally dis	sabled individual's a	address and tele	ephone nur	mber are Address		
City		State		Zip	Tele	ephone no.
3. The guardian's address	is					
City			State			Zip .
4. The developmentally dis	sabled individual's <sub>l</sub>	oresumptive hei	rs are: (Atta	ich a separate sheet if mo	re space is needed.)	AGE
NAME		ADDRESS AND TEL	EPHONE N	JMBER	RELATIONSHIP	(if minor)
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					

State

Zip

Telephone no.

City

Petition to Terminate/Modify Guardian for Developmentally Disabled In Page 2 of 2	ndividual (5/21)	Case No.	
5. The reasons why the court should take action are			
I REQUEST that the court:			
		□ estate. □ estate.	
	state, state,		
9. Appoint Name	Address		
City	State	Zip	Telephone no.
as ☐ temporary guardian ☐ successor partial of the ☐ individual ☐ estate. ☐ 10. Appoint	guardian	ssor plenary guardian	
City as standby guardian of the ☐ individual. ☐ es	State state.	Zip	Telephone no.
☐ 11. Modify the powers of the ☐ plenary guardian as follows:	☐ partial guardian	of the ☐ individual	estate
I declare under the penalties of perjury that this petition has of my information, knowledge, and belief.	been examined by me  Attorney signature	and that its contents are	true to the best
Date	Petitioner signature		