

Limited Guardianship of Minors

Filing Procedures

These instructions have been prepared by the Leelanau County Probate Court staff to assist you in correctly completing the guardianship process. **The Probate Court staff will assist you if you have further questions about procedures; however, staff is prohibited from giving legal advice.** If you do not understand these instructions or are not able to fill out the petition and other forms by yourself, you may want to speak to an attorney.

NOTE: HAVING PHYSICAL CUSTODY IS NOT SUFFICIENT TO BE THE SOLE PETITIONER IF JOINT LEGAL CUSTODY HAS BEEN AWARDED. IF THE PARENTS HAVE JOINT LEGAL CUSTODY, BOTH PARENTS MUST SIGN THE PETITION AND COMPLETE A LIMITED GUARDIANSHIP PLACEMENT PLAN.

Filing Fee \$150.00 OR
Affidavit and Order Suspension of Fees/Costs ([MC 20](#)) and
Financial Statement ([MC 287](#)) – completed by petitioner parent(s)

Required for Filing

- [PC 650](#), Petition for Appointment of Limited Guardian of Minor
- [PC 652](#), Limited Guardianship Placement Plan *for each custodial parent*
- [PC 670](#), Minor Guardianship Social History
- Minor's birth certificate or Acknowledgment of Paternity, if available
- [PC 571](#), Acceptance of Appointment – one for each proposed guardian
- [Records Check Release – Minor](#) – one for each adult living in the home
- Copy of most current custody/support order and any current modifications, if applicable

Please also provide copies of the following documents, as applicable: (see section 6 of the petition)

- Death certificate of parent
- Order of judicial determination of mental incompetency of parent
- Prior court order terminating or suspending parental rights
- Motion for Order to Allow an Incarcerated Party to Participate in a Telephonic Proceeding

*Please note: If any of the above items are needed and do not accompany your petition, the court can refuse your petition for filing.

Hearing Date Upon filing, a hearing date will be set, typically 3-4 weeks after the petition is filed. The court will generate a Notice of Hearing and enough copies of the Petition and Notice for the Petitioner to serve on all interested persons.

You, the Petitioner, must attend the hearing or your Petition will be dismissed. When you arrive for the hearing please check in at the Probate Court office to make sure the court has received all proofs of service and other documentation required before the hearing is held.

Notice to Interested Persons **It is the Petitioner's responsibility to serve all interested persons with a copy of the Petition and Notice of Hearing and file Proof of Service with the Court.** If you do not complete service, the hearing will need to be rescheduled and re-noticed.

Personal Service means delivering copies to the individual in person.

Service by Mail means mailing copies (only first class mail is required).

Publication is required for persons whose address or whereabouts are unknown. See below.

The minor, if age 14 or older, must be served personally:

- At least **24 hours** prior to an emergency hearing for a temporary guardian.
- At least **7 days** prior to the regular hearing to appoint a guardian.

Other interested persons must be served:

- At least **14 days** prior to the hearing if service is by mail or publication.
- At least **7 days** prior to the hearing if served personally.

Interested persons on a Petition for Appointment of Limited Guardian of a Minor:

- The minor, if 14 years of age or older;
- The person who has the principal care and custody of the minor at the time of the filing of the petition;
- If known by the petitioner, each person who had the principal care and custody of the minor during the two months preceding the filing of the petition;
- If neither of the parents is living, the adult nearest of kin to the minor;
- If the parent with sole custody files the petition, the other parent must be served notice except see (f) below;
- The natural father of a child born out of wedlock need not be served notice of the proceedings unless his paternity has been determined in a manner provided by law (MCR 5.205(E)).

Proof of Service

The petitioner must file a Proof of Service ([PC 564](#)) with the Probate Court before the hearing date indicating all the interested parties have received the above documents. No hearing can be held without it. Note the separate sections for "Service by Mail" and "Personal Service" and use them accordingly. See also [Instructions for Proof of Service](#).

Publication

If the address of an interested person is unknown, the Petitioner must file a Declaration of Intent to Give Notice by Publication, ([PC 617](#)) and publish (at your expense) a Publication of Notice of Hearing, ([PC 563](#)). Notice must be published in the county where the court is located one time at least **14 days** before the hearing. The Petitioner must pay the newspaper for this publication in order for the notice to be published in the paper. The newspaper should send verification of publication to the court; however, it is your responsibility to make sure it is received by the court.

For more information on publication, you may wish to contact:

Leelanau Enterprise
7200 E. Duck Lake Rd.
Lake Leelanau, MI 49653
(231) 256-9827
legals@leelanaunews.com

Incarcerated Party

IN GUARDIANSHIP CASES, IF A PARTY IS INCARCERATED UNDER THE JURISDICTION OF THE MICHIGAN DEPARTMENT OF CORRECTIONS, THEIR NAME, ADDRESS, AND PRISONER NUMBER MUST BE LISTED ON THE

PETITION. See Instructions contained in this packet.

Homestudy Prior to the hearing on the guardianship petition, the Court will order the Department of Human Services to investigate and file a written report. The proposed guardian will be contacted to schedule this investigation. All adults living in the household will have a criminal history check and a Central Registry check completed by the Department of Human Services.

The Hearing The hearing will be in the courtroom, which is located near the Probate Court office. The person who signed the petition and the proposed guardian will have to attend the hearing. The minor, if he/she is age 14 or older, should attend the hearing if possible, but he/she is not required to attend. Please check in at the Probate Court office when you arrive for the hearing.

The Court must approve a Limited Guardianship Placement Plan agreed to by the parent/parents with custody of the minor and the person(s) who the Court will appoint as limited guardian of the minor. A Limited Guardianship Placement Plan that has been approved by the Court may be modified upon the agreement of the parties. The modified plans must be filed with the Court.

After Appointment As a guardian, you must file a report every year for each minor under your care using the Annual Report on Condition of Minor ([PC 654](#)). The guardian must complete, date and sign the form, and file it with the probate court. The filing may be made in person or mailed to the court office. There is no filing fee.

If the minor's address changes, you must notify the court within 14 days of the change. If your address changes, you must notify the court and any interested parties in writing within 7 days of the change.

If you receive money or financial aid for the minor, it must be used only for his/her support and education. It cannot be used for your personal benefit or for anyone else.

As a service, the Leelanau County Probate Court sends reminder notices and required forms to the guardian each year near the anniversary date.

If the Annual Report is not filed within 56 days of the anniversary date, the court will send a Notice of Deficiency. Further delinquency may result in a "show cause" hearing for the guardian to appear in court and explain why the form was not timely filed.

***PLEASE NOTE that if a guardian wants a minor child to return to his or her parent(s), only the judge may make that determination. The guardian may not return the minor child to the parent(s) on his or her own decision. Also, the guardian must seek the Court's permission to move a minor out of Leelanau County.**

Court Contact

Leelanau County Probate Court
8527 E. Government Center Dr., Suite 203
Suttons Bay, MI 49682
(231) 256-9803 PH
(231) 256-9845 FAX
probate-juvenilecourt@co.leelanau.mi.us

Susan L. Richards, Probate Register
srichards@co.leelanau.mi.us

Notice to Petitioners Regarding Incarcerated Parties:

IF YOU ARE SEEKING AN ORDER REGARDING A MINOR CHILD AND A PARENT OF THE MINOR IS INCARCERATED WITH THE MICHIGAN DEPARTMENT OF CORRECTIONS (MDOC), **YOU HAVE ADDITIONAL DUTIES.**

Before you file your case or petition, you must do the following:

1. **Determine** whether the parent is incarcerated "under the jurisdiction of the Michigan Department of Corrections" (generally this means that they are in prison).
2. If so, obtain the party's offender number, location and prison address:
 - a. Online – The MDOC provides access to the Offender Tracking Information System (OTIS) on their website at <http://mdocweb.state.mi.us/otis2/otis2.html>.
 - b. By phone – Call MDOC Central Records Office directly at (517) 373-0284.
3. **File *Notice that Electronic Hearing is Required Pursuant to MCR 2.004***, or **include on your petition** the following information:
 - a. A statement that the parent is incarcerated.
 - b. The person's prison number and location, including the mailing address of the facility where the person is housed.
 - c. A statement at the top of the petition indicating that a telephonic hearing is required by MCR 2.004.
4. **Serve** the incarcerated party with a copy of your petition, notice and notice of hearing.
5. **File** Proof of Service with the court.

If a party is incarcerated:

- The court will enter an Order Requesting Prisoner be Allowed to Participate in Court Proceedings and serve it on all parties.
- The incarcerated party will be offered the opportunity to participate in the court proceedings by way of a noncollect and unmonitored telephone call.
- It is your responsibility to include the prisoner's prison number (also known as the offender number) on the envelope when serving your petition, complaint or motion and your Notice of Hearing.

STATE OF MICHIGAN PROBATE COURT COUNTY OF LEELANAU	NOTICE THAT TELEPHONIC HEARING IS REQUIRED PURSUANT TO MCR 2.004	FILE NO.
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Court address: 8527 E. Government Center Dr., Suite 203, Suttons Bay, MI 49682

Court telephone no.: (231) 256-9803

In the matter of: _____

1. I am the Plaintiff Respondent

2. An interested person in this matter, _____,
Full name of individual

prison identification number _____ is incarcerated at the

Name of facility Correctional Facility

located at _____.
Complete address

3. A telephonic hearing is required pursuant to MCR 2.004(A)(2).

4. A hearing is scheduled for _____ at _____
Date Time

regarding _____
Describe nature of hearing

Date

Signature of moving party or attorney

CERTIFICATE OF MAILING

I certify that on this date I mailed a copy of this notice, along with a copy of the petition/motion and notice of hearing, on the incarcerated person by ordinary mail, addressed to the party at the correctional facility at the above address.

Date

Signature of moving party or attorney

Do not write below this line – For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR	FILE NO.
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In the matter of _____ **XXX-XX-** _____, a minor
Last four digits of SSN

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).

1. I am interested in this matter and make this petition as custodial parent of the minor.
2. 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.

3. The minor was born _____, is female, male, is unmarried, resides in _____
Date County
 at _____
Address City/Township
 and is presently located in _____ at _____
County Address (only if different than above) State Zip
City/Township State Zip

- The minor is a citizen of the following foreign country: _____
4. 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 in MCR 3.002(12).
- It is unknown whether the minor is an Indian child as defined in MCR 3.002(12).

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			
	Father/DOB _____	Street address			
		City	State	Zip	Telephone no.
	Mother/DOB _____	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.

(SEE SECOND PAGE)

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

6. The welfare of the minor will be served by the appointment.

7. A proposed limited guardianship placement plan is attached.

IREQUEST:

8. _____ whose address is _____
Name Address

City/Township State Zip Telephone no. be appointed limited guardian of the minor.

9. Other: _____

10. I CONSENT TO THE SUSPENSION OF MY PARENTAL RIGHTS.

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 custodial father

Address

City, state, zip Telephone no.

Date

Signature of custodial mother

Address

City, state, zip Telephone no.

NOTE: If both parents have custody, each must sign.

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

Date

Signature of minor

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	LIMITED GUARDIANSHIP PLACEMENT PLAN	FILE NO.
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In the matter of _____, a minor

Special Note in Completing Form:

Items 1 through 4 must be completed to comply with MCL 700.5205(2).

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

- If they differ in their reasons for the guardianship, each parent must specify their own reasons.

This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- To enable my child to attend school in the proposed guardian's school district.
- To provide health insurance through the proposed guardian.
- I will be or am incarcerated until _____.
- I am currently without housing adequate for my child.
- I am unable to care for my child because of my health.
- I am unable to care for my child because of my mental instability.
- I desire an alternative to action recommended by child protective services.
- I have lost substantial control of my child's behavior.
- I need to improve my parenting skills.
- The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- To comply with the requirement of the Reserves. Armed Forces.
- Other:

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

- I will visit my child on: (please circle each day you plan to visit) Su M Tu W Th F Sa
from: (please specify the time and circle either a.m. or p.m.) _____ a.m. p.m. to _____ a.m. p.m.
- I will visit my child _____ times each week. month.
- Visits will occur at my residence. the proposed guardian's residence. _____.
- Telephone contact will take place daily. weekly. monthly. _____.
- Letters will be sent daily. weekly. monthly. _____.
- I will attend my child's school conference provided I receive timely notice of the conference.
- I will attend counseling with my child.
- I will participate in and arrange positive outings with my child daily. weekly. monthly. _____.
- I will provide transportation for my child for _____.
- I will attend all doctor/dental appointments for my child (excluding emergencies).
- Transportation to and from visits with my child will be the responsibility of _____.
- Collect telephone calls will be accepted at number _____.
- Other:

SEE OTHER SIDE FOR REMAINING PLANS

Do not write below this line - For court use only

Approved: _____ Date _____ Judge
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3. Financial support will be made by me as follows:

- Health insurance coverage through _____
Policy numbers are _____.
- School lunch money, clothing, supplies.
- Car insurance.
- \$ _____ each month for room, board, miscellaneous expenses to be paid at month's end. beginning.
- I will pay for counseling.
- I will pay for transportation to and from visits.
- I will provide food for my child as follows: _____
- I will pay for babysitting as follows: _____
- Other: _____

4. My plan is for the limited guardianship to continue until:

- The end of the current school year.
- I graduate my child graduates from high school.
- I am able to provide a drug-free household.
- I complete parenting classes.
- I am no longer incarcerated. on parole/probation.
- I am gainfully employed.
- I have established myself in a new residence.
- I have successfully completed drug or alcohol inpatient/outpatient treatment.
- I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- I have successfully completed psychological counseling.
- My child can accept my parental authority.
- I complete my G.E.D. job training.
- I no longer cohabit with individuals.
- I cooperate with a domestic assault program.
- I have health insurance coverage for my child.
- I have completed my obligation to the Reserves or Armed Forces.
- Other: _____

5. I also agree as follows: _____

As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip Telephone no.

Date

Signature

Name of custodial parent (type or print)

Address

City, state, zip Telephone no.

Agreement and Acceptance of Appointment by Limited Guardian

I will serve as limited guardian of the minor. I agree with this plan, and I accept the appointment and agree to file reports and to perform all duties required by law.

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

Date

Signature

Name of proposed guardian (type or print)

Address

City, state, zip Telephone no.

Date of birth Driver license no. or other identification

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	MINOR GUARDIANSHIP SOCIAL HISTORY	FILE NO.
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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		
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, 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's 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				

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

In the Matter of _____, **Minor**

Probate Court File No.: _____

RECORDS CHECK RELEASE FOR PROPOSED GUARDIAN AND/OR CONSERVATOR OF A **MINOR**

The Leelanau County Probate Court routinely completes guardianship/conservatorship investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Children's Protective Central Registry check and a Criminal/Driving history check.

Provide the following Information regarding the proposed guardian and/or conservator.

Release Form to be Completed for Each Proposed Guardian and/or Conservator

NAME: _____

Race: _____ Gender M F

Date of Birth: _____ Social Security #: _____

Driver License #: _____

Maiden/other name(s) previously used:

1. _____

2. _____

3. _____

I authorize the Leelanau County Probate Court to conduct a criminal/driving history check and request information from the Department of Human Services and/or other human services agency as may be appropriate for my appointment by this Court as a guardian/conservator of a minor.

Date

Signature of proposed guardian/conservator

Address

City, State, Zip

Telephone No.

Do not write below this line – Court use only

ICHAT Received: _____

DHS Response: _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)	CASE NO.
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Court address _____ Court telephone no. _____

Plaintiff/Petitioner name	v	Defendant/Respondent name
Plaintiff's/Petitioner's attorney and bar no.		Defendant's/Respondent's attorney and bar no.
<input type="checkbox"/> Probate In the matter of _____		

NOTE: Requests for waiver/suspension of transcript costs or mediation fees must be made separately by motion.

AFFIDAVIT

1. I ask the court to waive/suspend fees and costs for the following reason: (check either a or b)

a. I am currently receiving public assistance: My DHS case number is _____ .
(MCR 2.002[C] requires the court to suspend payment of fees and costs.)

OR

b. I am unable to pay fees and costs because of indigency, based on the following facts:
My average gross income is about \$ _____ every week. two weeks. month.
 I am receiving unemployment benefits.
 I am not employed.
 I have a vehicle: Year: _____ Make: _____ Model: _____ Amount Owed: \$ _____

The total amount in all my bank accounts is: \$ _____

Write down any other assets and how much they are worth. If you need more space, attach a separate sheet.

I pay \$ _____ in rent/mortgage every month. I pay \$ _____ in utilities (water, electricity, gas) every month. I pay \$ _____ for court-ordered child support. I pay \$ _____ for court-ordered _____ .
Write down any other obligations and how much you pay. If you need more space, attach a separate sheet. specify

2. The number of people living in my household is _____ .

3. I am signing this affidavit for a person who is a minor. has the following disability _____ .

Applicant signature

Name (type or print)

Subscribed and sworn to before me on _____ , _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Deputy clerk/Register/Notary public

Notary public, State of Michigan, County of _____

ORDER

IT IS ORDERED:

- 1. The applicant has shown by ex parte affidavit that he/she is
 - a. receiving public assistance, and payment of fees and costs are waived/suspended pursuant to MCR 2.002(C).
 - b. indigent and payment of fees and costs are waived/suspended pursuant to MCR 2.002(D).
 The applicant is required to notify the court if the reason for waiving/suspending the fees and costs no longer exists.
- 2. The application is denied.

Date

Judge

INSTRUCTIONS FOR USING FORM MC 20, WAIVER/SUSPENSION OF FEES AND COSTS (AFFIDAVIT AND ORDER)

»» CAN I FILE MY LEGAL PAPERS WITH THE COURT FREE OF CHARGE?

When you file a legal paper with the court or are ordered to case evaluation, you are often required to pay certain fees. If you cannot afford these fees, you can ask the court to "waive" or "suspend" them using this form (MC 20).

»» FILING AN AFFIDAVIT

1. Prove That You Cannot Afford to Pay a Filing Fee

You must show the court that you cannot afford to pay the fees. If you receive public assistance, you must give the court your DHS case number. If you do not receive public assistance, you must give the court information about your assets and obligations. An asset is something you own, such as money, a car, a house, or other property. An obligation is something you owe, such as rent, a loan payment, utilities, court-ordered child support, etc.

2. Complete Form MC 20

After you prepare the legal papers you want to file with the court, complete form MC 20.

If you are receiving public assistance, check the box in front of item 1a. Write in your DHS case number. Public assistance means you are receiving help from the Michigan Department of Human Services and/or are receiving federal social security income (SSI), which includes Medicaid (a DHS program). It does not include benefits such as veterans assistance (VA benefits) or unemployment. Do not check the box in front of item 1b. Gross income means before any deductions.

If you are not receiving public assistance, check the box in front of item 1b. Check all the boxes that apply to you. If you are not employed, check that box. Write in all the requested information about your assets and obligations.

Do not sign the form until you are in front of a notary public or the clerk of the court.

3. Sign the Affidavit Under Oath

After form MC 20 is completed, sign it under oath in front of a notary public or a clerk of the court. You must bring your photo identification with you when you sign the affidavit. There may be a fee to have your affidavit signed in front of a notary public.

4. Make Copies

After you have signed the affidavit under oath, make a copy of the completed form for your records. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., make another copy of the completed form for the friend of the court office. If you are at the court when you sign the affidavit, you can ask the clerk of the court to make copies for you. There may be a cost to make the copies.

5. File Form MC 20

Take or mail the original and all copies of this form (MC 20) to the clerk of the court along with any other legal papers you want to file. If your court case is a domestic relations case, such as divorce, paternity, separate maintenance, etc., include the friend of the court copy you made in step 4. If you mail the form, include a postage-paid envelope with your return address.

»» GETTING A SIGNED ORDER

When you file your affidavit with the court, the clerk of the court will give it to the judge. The judge will make a decision and will sign the order. The clerk of the court will keep the original and return a signed copy to you. The clerk of the court will send a copy to the friend of the court if you filed that copy.

STATE OF MICHIGAN	FINANCIAL STATEMENT	CASE NO.
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Court address _____ **Court telephone no.** _____

PERSONAL INFORMATION					
Name (last, first, middle)				Date of birth	SSN (last 4 digits)
Address <input type="checkbox"/> house <input type="checkbox"/> apartment <input type="checkbox"/> lot no.			City	Zip	
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.	State	E-mail address
Mailing address (if different than above)			Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____		
Name and address of nearest living relative			Relationship	Phone no.	
Names of dependents		Dates of birth	Student (Yes/No)	College/University	
Employer 1 (Company name and address)				Length of employment	
Employer 2 (Company name and address)				Length of employment	
If self-employed, type of business/trade		If unemployed, source of support <input type="checkbox"/> General assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date filed _____		Date completed _____	
ASSETS					
Vehicle #1		Year / Make			Present value \$
Vehicle #2		Year / Make			Present value \$
Bank/Financial account no.		Name and address of financial institution			Present balance \$
Investment/Brokerage account no.		Name and address of financial institution			Present balance \$
Other property such as real estate, boats, snowmobiles (describe)					Value \$
TOTAL ASSETS					\$

MONTHLY INCOME	
Gross monthly income (self)	\$
Gross monthly income (spouse)	\$
Unemployment benefits	\$
Social security	\$
Retirement/Pension benefits	\$
Child support	\$
Alimony/Maintenance	\$
Disability	\$
Veteran's benefits	\$
Interest/Dividends	\$
Other (cash):	\$
TOTAL INCOME	\$

MONTHLY EXPENSES	
Mortgage or rent	\$
Utilities	\$
Vehicle payments	\$
Insurance (vehicle/health/life)	\$
Other loan payments	\$
Child support/Alimony	\$
Medical payments	\$
Court payments	\$
Other:	\$
TOTAL EXPENSES	\$

Financial Report Authorization: I authorize the court, the court's funding unit, and their employees or agents to obtain a consumer credit report and other financial information about me from a consumer credit reporting agency or any other entity.

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

Date

Signature

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ACCEPTANCE OF APPOINTMENT

FILE NO.

In the matter of _____

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 the
not to exceed 91 days

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.

Date of birth

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

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">DECLARATION OF INTENT TO GIVE NOTICE BY PUBLICATION</p>	<p>FILE NO.</p>
---	--	------------------------

In the matter of _____

Service of _____ cannot be made on
specify document(s)

_____ Name	_____ Address
_____ City	_____ State _____ Zip

I intend to publish notice on this individual because his/her address or whereabouts are unknown. I have made the following diligent efforts to ascertain his/her address or whereabouts: _____

I declare under penalties of perjury that this declaration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature

Date

Name (type or print) Bar no.

Petitioner signature

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

NOTE: Complete a separate form (PC 617) for each person to be notified by publication. When publication is completed, prepare form PC 564 (Proof of Service), and cause an affidavit of publication to be filed with the court.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PUBLICATION OF NOTICE OF HEARING	FILE NO.
--	---	-----------------

In the matter of _____

TO ALL INTERESTED PERSONS including:

whose address(es) is/are unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on _____ at _____
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose:

_____		_____	
Attorney name (type or print)	Bar no.	Petitioner name (type or print)	
_____		_____	
Address		Address	
_____		_____	
City, state, zip	Telephone no.	City, state, zip	Telephone no.

PUBLISH ABOVE INFORMATION ONLY

Publish _____ time(s) in _____ in _____ County.
Name of publication

Furnish _____ copies to _____.

Furnish affidavit of publication to the court.

Forward statement for publication charges to _____.

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