

## GUARDIANSHIP FOR MINOR CHILDREN

The information in this packet is not intended to be legal advice. It is a brief explanation of the basic procedure that is required to obtain a guardianship for a minor child. This packet is provided for you because the Probate Court cannot always discuss these issues fully with each person interested in minor guardianships. Probate Court personnel cannot give you legal advice about your particular situation. The information contained here is the only information court personnel can give you about this procedure.

In addition to the written information on Guardianship For Minor Children, this packet includes:

1. Petition For Appointment of Guardian of Minor (PC 651)
2. Petition For Appointment of Limited Guardian of Minor (PC 650)
3. Limited Guardianship Placement Plan (PC 652)
4. Minor Guardianship Social History (PC 670)
5. Waiver and Consent (PC 561)
6. Declaration of Inquiry (PC 617)
7. Publication of Notice of Hearing (PC 563)
8. Notice of Hearing (PC 562)
9. Proof of Service (PC 564)

### Introduction

There are two (2) types of minor guardianships: Regular and Limited.

### Regular Guardianship

To qualify for this type of guardianship, the parental rights of both parents or the surviving parent must have been terminated or suspended or the appointment must be necessary for the immediate physical well being of the minor. Any adult interested in the welfare of a minor can file the petition for regular guardianship. The minor can petition if he/she is at least 14 years old.

### Limited Guardianship

Both parents or the one with legal custody must file the petition for limited guardianship. By filing the petition the parent or parents are voluntarily consenting to the suspension of their parental rights. Before a limited guardianship can be scheduled for a hearing, a guardianship placement plan must be submitted to the court for approval or disapproval by the Judge. This plan must be agreed to by both the custodial parent and the person the court will appoint as limited guardian and will contain the following:

1. Reason for wanting a limited guardianship.
2. Visitation rules and regulations.
3. Financial support arrangements.
4. Duration of the limited guardianship.

Both the custodial parent(s) and the proposed guardian(s) must sign this plan. IF THE CUSTODIAL PARENT(S) SUBSTANTIALLY FAIL, WITHOUT GOOD CAUSE, TO FOLLOW THIS PLAN, THEIR PARENTAL RIGHTS MAY BE TERMINATED BY THE COURT THROUGH PROCEEDINGS UNDER THE JUVENILE CODE.

When it has been determined which type of guardianship is appropriate, prepare that particular petition and file the original with the court, along with a \$175.00 filing fee.

Upon filing of the petition, the register will assign a file number and will schedule the petition for a hearing. (In the case of limited guardianship, the placement plan must accompany the petition at the time of filing; after approval, a hearing will be scheduled). The petitioner must be present for this hearing.

### **Giving Notice To Others**

The petitioner has the responsibility to notify other persons who have a right to know about the hearing. THIS NOTICE MUST BE DONE AS OUTLINED HERE or the Judge will not be able to appoint a guardian. Notice must be given to at least the following persons:

- A. The minor child, if 14 years of age or older.
- B. The person with care/custody of the minor.
- C. Each living parent of the minor, or if no parents, to the next of kin.
- D. The conservator or guardian of the minor, if there is one.

These people must be supplied with a copy of the Petition and a form called "Notice of Hearing". The notice of hearing will be prepared by the court at the time you file the petition. Copies of the notice of hearing will be furnished to you so you can attach one to each petition you are going to be serving on the interested parties.

You have a choice of either mailing these two papers (copy of petition and copy of notice of hearing) to those people or giving the papers to them personally. If you mail them, you must mail them at least 14 days prior to the scheduled hearing date. If you serve them personally, you must do so at least 7 days before the scheduled hearing.

### **Proof of Service**

The court must have written proof that you supplied the proper notice to everyone that had a right to know about the hearing. After you have served everyone, complete the form called "Proof of Service/Non-Service". Fill in the file number, the child's name and the date that you served the people with their

copies. First, list those that you sent to them by mail and address sent to, then in the next section, fill out the information for everyone that you served personally. If you were not able to serve someone that was entitled to know about the hearing, complete the next section. Sign and date this form and, along with the original Notice of Hearing, file with the court prior to the hearing date. **THE HEARING WILL NOT TAKE PLACE UNTIL THIS IS DONE PROPERLY, SO BE VERY CAREFUL TO BE CERTAIN YOU DO ALL OF THIS CORRECTLY.**

**Publication**

If the address of a parent is unknown, then the petitioner must arrange for published notice in a newspaper that is published in the county where the court hearing takes place. The cost of this publication must be paid by the petitioner. There is a form called "Publication and Notice of Hearing". This form must be filled out by the petitioner and taken to the newspaper office right after the hearing is scheduled by the court. The publication in the newspaper must occur at least 14 days before the hearing.

**Fees**

Petition to Appoint Guardian of a Minor Child:	\$175.00
Any additional petitions:	\$20.00

***PLEASE NOTE: If you need assistance in filling out forms, consult an attorney. Court staff may give general information as to the guardianship process, but court personnel are prohibited by law from preparing forms for you.***

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF 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

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			
	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.

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	State	Zip	Telephone no.
		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 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 \_\_\_\_\_  
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

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

\_\_\_\_\_  
Date

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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF 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

Petitioner's name, address and telephone no.

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

- I am interested in this matter and make this petition as custodial parent of the minor.
- 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 persons interested in this proceeding 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.

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

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



<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>LIMITED GUARDIANSHIP PLACEMENT PLAN</b></p>	<p align="center"><b>FILE NO.</b></p>
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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

<p>Approved:</p> <p>_____</p> <p>Date</p> <p>_____</p> <p>Judge</p> <p>_____</p>
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<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</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	Last 4 digits of Minor's SSN
Minor's present address		City	State Zip
Parent's name	Parent's birth date	Parent's name	Parent'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 or parent(s) and describe below (include the name of any case worker)			
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Victim of domestic violence	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Had contact with the protective services unit of MDHHS	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	Experienced a substance abuse problem	
<input type="checkbox"/> Child	<input type="checkbox"/> Parent(s): _____	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.	Last 4 digits of SSN
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 MDHHS				
<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

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>WAIVER/CONSENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. I am interested in the matter as \_\_\_\_\_ .

2. I waive notice of the hearing and consent to the application/petition for \_\_\_\_\_  
Nature of application/petition and name of applicant/petitioner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ , and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning \_\_\_\_\_  
Nature of hearing

_____		_____	
<small>Attorney name (type or print)</small>		<small>Date</small>	
_____		_____	
<small>Address</small>		<small>Signature</small>	
_____		_____	
<small>City, state, zip</small>		<small>Name (type or print)</small>	
_____		_____	
<small>Telephone no.</small>		<small>Address</small>	
_____		_____	
<small>City, state, zip</small>		<small>City, state, zip</small>	
_____		_____	
<small>Telephone no.</small>		<small>Telephone no.</small>	
_____		_____	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>DECLARATION OF INTENT TO</b> <b>GIVE NOTICE BY PUBLICATION</b>	<b>FILE NO.</b>
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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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>PUBLICATION OF NOTICE OF HEARING</b>	<b>FILE NO.</b>
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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.	Date
Address		Petitioner name (type or print)
City, state, zip	Telephone no.	Address
		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

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>NOTICE OF HEARING</b>	<b>FILE NO.</b>
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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.

		<small>Date</small>
<small>Attorney name</small>	<small>Bar no.</small>	<small>Petitioner name</small>
<small>Address</small>		<small>Address</small>
<small>City, state, zip</small>	<small>Telephone no.</small>	<small>City, state, zip</small>
		<small>Telephone no.</small>

**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.

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Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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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		
\$		\$		
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>	
\$		\$	\$	

\_\_\_\_\_  
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