

<b>GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT</b>	<b>PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR INDIAN CHILD (INVOLUNTARY GUARDIANSHIP)</b>	<b>CASE NO.</b>
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<b>Court address</b> 2605 N. West Bay Shore Drive, Peshawbestown, MI 49682	<b>Email</b> tribalcourt@gtb-nsn.gov	<b>Court telephone no.</b> (231) 534-7050
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In the matter of \_\_\_\_\_, \_\_\_\_\_  
 First, middle, and last name Name of tribe and identification no. (if one)

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  
 Name (type or print)  
 make this petition as \_\_\_\_\_.  
 Relationship to minor (i.e. grandparent, aunt or uncle, friend, limited guardian, etc.)

2. This is not a voluntary guardianship under MCL 712B.13. The following active efforts were made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. (Specify efforts below. Attach separate sheet if needed.)

3. 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: \_\_\_\_\_.

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.

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

5. 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.

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.

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(s) permit(s) the minor to reside with another person and the parent(s) do/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

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

10. I am 14 years of age or older. I nominate \_\_\_\_\_ as my  
Name  
guardian, who lives at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

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

**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).