

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT	PETITION FOR APPOINTMENT OF LIMITED GUARDIAN OF MINOR INDIAN CHILD (VOLUNTARY GUARDIANSHIP)	CASE NO.
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Court address 2605 N. West Bay Shore Drive, Peshawbestown, MI 49682	Email tribalcourt@gtb-nsn.gov	Court telephone no. (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 this matter and make this petition as custodial parent or Indian custodian of the minor Indian child.
2. A consent to the voluntary guardianship will be or has been executed under MCL 712B.13 (form PC 686).
3. I consent to the suspension of my parental rights under MCL 700.5205.
4. 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: _____.

5. 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.

6. 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.

6. (continued)

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			
	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

- 7. The welfare of the minor will be served by the appointment.
- 8. A proposed limited guardianship placement plan is attached.

I REQUEST:

9. _____ whose address is _____
 Name Address
 _____ be appointed limited guardian of the minor.
 City/Township State Zip Telephone no.

10. Other: _____

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 parent

 Date

 Signature of custodial parent

 Date

 Signature of Attorney

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

11. 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