

Approved, SCAO

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	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

Court ORI	Current age of ward	Race	Sex	Current address of ward
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Petitioner's name, address, and telephone no.

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

1. I am interested in this matter as _____
 State relationship/interest

2. a. The interested persons for the minor, their relationship to the minor, and their addresses 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.

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

b. The minor is a member of an Indian tribe, or is eligible for membership in an Indian tribe. The name of the tribe

i _____

The minor is not an Indian child as defined by MCR 3.002(12).

It is unknown whether the minor is an Indian child as defined by MCR 3.002(12).

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Form PC 675, Rev. 5/21

MCL 700.5208, MCL 700.5210, MCL 700.5219, MCR 5.125(C)(26),

MCR 5.404(H)(4), (5), MCR 5.408

2. (continued)

c. If this guardianship is terminated, the minor child will be returned to _____
 _____.

3. The incapacitated individual, whose telephone number is _____, has a guardian whose address is

- _____ and has
- a spouse adult child(ren) living parents whose name(s) and address(es) are listed below.
 - no spouse, adult child(ren), or parent(s). The names and addresses of presumptive heirs** are listed below.
 - none of the above (must notify the Attorney General***).

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.
	Guardian	Street address			
		City	State	Zip	Telephone no.

**Presumptive heirs includes minor children, if any.

***Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30755, Lansing, MI 48909.

4. The reasons why the court should take action are _____
 _____.

I REQUEST that the court:

- 5. Terminate the guardianship.
- 6. Accept the guardian's resignation.
- 7. Remove the guardian who has has not been suspended.
- 8. /

Name (type or print) _____ Address _____

 City _____ State _____ Zip _____ Telephone no. _____
 as successor guardian.

- 9. /
- Name (type or print) _____ Address _____

 City _____ State _____ Zip _____ Telephone no. _____
 as a temporary guardian pending appointment of a successor.

10. Modify the powers of the guardian as follows: _____

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

Attorney signature

NOMINATION BY MINOR:

I am 14 years of age or older. I nominate _____ as my guardian, who lives
Name

at _____
Address City State Zip

Date

Signature of minor