

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF KENT

PETITION TO
 TERMINATE MODIFY
GUARDIAN FOR DEVELOPMENTALLY
DISABLED INDIVIDUAL

FILE NO.

In the matter of _____, an individual with a developmental disability

1. I, _____, am interested in this matter and make this petition as
Name (type or print)

State interest/relationship

2. The developmentally disabled individual's address and telephone number

Address

City

State

Zip

Telephone no.

3. The guardian's address is

City

State

Zip

4. The developmentally disabled individual's presumptive heirs are: (Attach a separate sheet if more space is needed.)

NAME	ADDRESS AND TELEPHONE NUMBER				RELATIONSHIP	AGE/DOB (if minor)
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		
	Street address					
	City	State	Zip	Telephone no.		

5. The reasons why the court should take action are

I REQUEST that the court:

6. Terminate

a. all part of the plenary guardian of the

individual. estate.

b. all part of the partial guardian of the

individual. estate.

7. Accept the resignation of the

a. plenary guardian of the individual. estate.

b. partial guardian of the individual. estate.

c. standby guardian.

(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

