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| STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY | MINOR GUARDIANSHIP INTAKE INFORMATION | FILE NO. |
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This form is to be completed by the proposed guardian and must be completed in full. The information provided herein will not be made a part of the legal file and will be used for Court use only.

INFORMATION REGARDING THE CHILD(REN):

Name of Child(ren): _____ Date of Birth: _____
 _____ Date of Birth: _____
 _____ Date of Birth: _____

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. _____

1. Has the child(ren) lived in any other out-of-home placement? No Yes If yes, explain: _____

2. Does the child(ren) receive any governmental benefits (i.e., social security)? No Yes If yes, explain: _____
3. Does the child(ren) receive any other financial benefits? No Yes If yes, explain: _____
4. Does the child(ren) have any special needs (i.e. physical, emotional, medical)? No Yes If yes, explain the needs and how the proposed guardian(s) are prepared to deal with these needs: _____

5. Does the child(ren) have any educational problems? No Yes If yes, explain the issues and how the proposed guardian(s) are prepared to deal with these needs: _____

6. Provide the name and address of the school the child(ren) last attended:
 Name: _____ Grade: _____
 Address: _____
 Teacher's Name: _____
7. Provide the name and address of the school the child(ren) will attend if guardianship is granted.
 Name: _____ Grade: _____
 Address: _____

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GENERAL INFORMATION:

Name of Petitioner(s): _____ Relationship to child(ren): _____

Address of Petitioner(s): _____

City, State, Zip: _____

Phone Number of Petitioner(s): Home: _____ Other: _____

8. Why is this guardianship requested? _____

9. Has Protective Services of the Department of Human Services (formerly known as Family Independence Agency) been involved with the child(ren) or this family? No Yes, if Yes – describe:

Name of person(s) at DHS that handled the case? _____

INFORMATION ABOUT BIOLOGICAL PARENT(S): Attach Birth Certificate of the child(ren), if available.

Mother's Name: _____

Mother's Address: _____

If mother's whereabouts are unknown – indicate last known address.

City, state, zip: _____

Mother's Telephone: Home: _____ Other: _____

Mother's Date of Birth: _____ Mother's Social Security Number: _____

Mother's Employer: _____

Address: _____

Father's Name: _____

Father's Address: _____

If father's whereabouts are unknown – indicate last known address.

City, state, zip: _____

Father's Telephone: Home: _____ Other: _____

Father's Date of Birth: _____ Father's Social Security Number: _____

Father's Employer: _____

Address: _____

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If both parents are deceased, attach death certificate(s) of parent(s) and please indicate name and address of nearest relative of the child(ren).

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Other: _____

If someone other than biological parent(s) have had principal care and custody of the child(ren) during the two months preceding the filing of petition, please indicate name and address of any such person(s).

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Other: _____

INFORMATION REGARDING PATERNITY, CUSTODY, SUPPORT, VISITATION: *Please answer these questions fully and in as much detail as possible. If unknown, please indicate*

10. Are the parents of the child(ren) married to each other? No Yes

11. Are the parents of the child(ren) divorced from each other? No Yes If Yes:

Date of Divorce: _____ If still pending, status: _____

County, Name and State of Court where divorced was filed: _____

Address of Court: _____

City, State, Zip: _____

File Number: _____ Judge: _____

Please attach any custody and/or support orders relating to the minor child(ren).

12. If the parents were not married to each other at the time of the birth of the child(ren), was paternity established? No Yes If yes, through: Acknowledgement of Paternity Court order
 Other: _____ *Please attach any documentation that establishes paternity.*

13. Has any court ordered support to be paid for the child(ren)? No Yes If Yes:

Support Amount: _____ Paid by: _____ Paid to: _____

Name, County and State of Court: _____

Address of Court: _____

City, State, Zip: _____

File Number: _____ Judge: _____

Please attach any support orders relating to the minor child(ren)

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14. Has any court ordered custody or visitation regarding the child(ren)? No Yes If Yes:

Date of Order: _____ If still pending, status: _____

Name, County and State of Court: _____

Address of Court: _____

City, State, Zip: _____

File Number: _____ Judge: _____

Please attach any orders relating to the minor child(ren)

15. Who has legal custody of the child(ren)? Mother Father Other: _____

16. Does the non-custodial parent(s) have visits or contact with the child(ren)? No Yes

Explain in detail: _____

17. Does the non-custodial parent(s) pay support? No Yes

Explain in detail: _____

18. Why is the non-custodial parent not assuming custody of the child(ren)?

19. Do either of the parent(s) have any problems in the following areas:

Physical Health: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Emotional Health: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Mental Illness: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Substance Abuse: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

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Child abuse or neglect: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Crimes Concerning Children: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Maintaining steady employment: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

Maintaining a safe and stable home: No Yes, If Yes: Explain (attach additional sheets if necessary) _____

INFORMATION REGARDING PROPOSED GUARDIAN(S).

Please be informed that the Montcalm County Probate Court routinely completes guardianship investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a criminal/driving history check and/or a Children's Protective Services Central Registry check. Please provide the following information regarding the proposed guardian(s). If any other adults living in the proposed home, please include the same information regarding those persons.

Completing this form authorizes the Montcalm County Probate Court to request information from any human services agencies as may be appropriate and also authorizes a criminal/driving history check

Full Legal Name: _____

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|-------|--------|------|--------|
| First | Middle | Last | Suffix |
|-------|--------|------|--------|

Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____

Gender: Male Female

Please attach a copy of your drivers license or state id

Full Legal Name: _____

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| First | Middle | Last | Suffix |
|-------|--------|------|--------|

Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____

Gender: Male Female

Names and dates of birth of all other persons (including children) living in the home:

For any other adults residing in the home, please complete a separate Records Check Release. A criminal history check will be completed on any adults in the home.

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20. Do you have a drivers license? Yes No, If No: How will transportation be provided for the child(ren)? _____
21. How long have you resided at your current residence? _____ years. If less than five years, provide addresses for past five years and length of time residing there.
- _____ Length resided: _____
_____ Length resided: _____
22. Do you own your home? Yes No, If No: Name and address of landlord:

23. Complete employment information for each proposed guardian:
- Name and address of employer: _____

- Job title: _____ Length of time with this employer: _____
If you have been employed at this job for less than five years, please provide employment history for past five years: _____

- Name and address of employer: _____

- Job title: _____ Length of time with this employer: _____
If you have been employed at this job for less than five years, please provide employment history for past five years: _____

24. Why are you the most suitable person to serve as guardian? _____

25. Will the proposed guardian need support in order to care for the child(ren)? No Yes If yes, amount: _____

26. Has the proposed guardian(s) or anyone living in the household ever been convicted of a crime?
 No Yes If yes, explain: _____

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27. Has the proposed guardian(s) or anyone living in the household ever been the subject of an investigation concerning the improper treatment of children? No Yes If yes, explain: _____

28. Does the proposed guardian(s) or anyone living in the household have any physical, mental or health limitations? No Yes If yes, explain: _____

29. Name, address, telephone number and relationship of two persons that can provide character references for the proposed guardian(s):
- Name: _____ Relationship: _____
 Address: _____

 Telephone Number: _____ Other: _____
- Name: _____ Relationship: _____
 Address: _____

 Telephone Number: _____ Other: _____
30. Name, address and telephone number of an educator, police officer, health care professional, social worker or minister that can provide a character reference for the proposed guardian(s):
- Name: _____ Occupation: _____
 Address: _____

 Telephone Number: _____ Other: _____
31. What is your relationship to the child(ren) or if no relationship, how do you know the child(ren)?

32. Do the children currently live with the proposed guardian(s)? No Yes If yes, explain: _____

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33. If the children currently reside with the proposed guardian(s), did the parent(s) provide a Power of Attorney or any written documentation giving the proposed guardian(s) authority to care for the children or to obtain medical treatment for the children? No Yes If yes, attach a copy.
34. What do you believe is the reason the child(ren) are not residing with the parent(s)? _____
35. Can you prepare the child(ren) for reunification with their parent(s)? No Yes
36. Do you anticipate any significant changes in your home within the next year such as a move or change in household composition? No Yes If yes, explain: _____

37. Are there any pets in the home? No Yes If yes, are these pets friendly toward the children?
 No Yes
38. Are there any firearms within the home? No Yes If yes, please explain how these firearms are stored: _____
How is the ammunition stored? _____

OTHER INFORMATION: Please attach an additional sheet for any other information not contained herein that would be helpful to the Court.

I declare under the penalties of perjury that the information on this form is true to the best of my knowledge, information, and belief and that I have read and understand the guardianship information sheet the Court has given me.

Date: _____

Signature – Proposed Guardian

Date: _____

Signature – Proposed Guardian