STATE OF MICHIGAN
IN THE CIRCUIT COURT FOR THE COUNTY OF TUSCOLA
FAMILY DIVISION

Plaintiff's name and address:

_____
_____
_____

v. File No. _____

Defendant's name and address:

_____
_____
_____
_____/

**REQUEST FOR APPOINTMENT OF GUARDIAN AD LITEM**

I, _____ (name), request a Guardian ad Litem to be appointed for the minor child/ren _____ (names). A hearing is currently scheduled for _____. The reasons for my request are:_____

_____

_____.

I understand that if my request is granted, I may be responsible for reimbursing the Court for the Guardian Ad Litem fees equally unless the Court orders otherwise.

I declare that the above statements are true to the best of my knowledge.

Date: _____ _____
Signature

**This request must be filed three (3) weeks prior to the hearing date.**

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FOR COURT USE ONLY

Request is ( ) GRANTED ( ) DENIED _____