

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF GENESEE

ORDER FOR
PROTECTIVE SERVICES
HISTORY CHECK

FILE NO.:

IN THE MATTER OF: _____

A petition for limited/full guardianship of a minor has been filed.

The Department of Human Services is hereby ordered to conduct a limited investigation into the protective services history of the proposed guardian and any adult living in the home.

A hearing is scheduled for: _____

Date Probate Judge

Petitioner's Name: _____

Petitioner's Phone Number: _____

Petitioner's Address: _____
Street No. City State Zip

Proposed Guardian:

Proposed Guardian's Name: _____

Maiden Name / Any Aliases: _____

Address: _____
Street No.: City State Zip

Phone Number: _____ Social Security No.: _____

Date of Birth: _____ Driver's License No.: _____

Minor's Parents:

Mother's Name: _____

Mother's Phone Number: _____

Mother's Address: _____
Street No.: City State Zip

Legal Father's Name: _____

Father's Phone Number: _____

Father's Address: _____
Street No.: City State Zip

By signing below, I consent to the Department of Human Services performing a protective history check and certify that the above information is true to the best of my information, knowledge, and belief.

Date Signature