



44th Circuit Court – Family Division – Juvenile Unit

204 S. Highlander Way, Suite 3

Howell, MI 48843

Phone: 517-546-1500

Fax: 517-546-3731

DHHS CLEARANCE REQUEST

IN THE MATTER OF: _____ **FILE #:** _____

For the purpose of completing a home investigation in the above referenced adoption matter; we the undersigned, hereby consent and agree in allowing the Livingston County Family Court - Adoption Division, to seek and obtain a Request for Information from the Department of Health and Human Services on any Protective Service contact for ourselves.

Adopting Parent (even if birth parent)

Name: _____
 First Middle Last

Alias: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Adopting Parent (even if birth parent)

Name: _____
 First Middle Last

Alias: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Any Additional Adult over age 18 residing in the minor adoptee's home

Name: _____
 First Middle Last

Alias: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Any Additional Adult over age 18 residing in the minor adoptee's home

Name: _____
 First Middle Last

Alias: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Any Additional Adult over age 18 residing in the minor adoptee's home

Name: _____
 First Middle Last

Alias: _____ **DOB:** _____

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

ORDER

Whereas, The Court having received the above consents from the petitioning parties, now:

IT IS THE ORDER OF THE COURT, that the Request for Information be completed by the Department of Health and Human Services.

Date: _____

Judge