

Livingston County Juvenile Court

204 S. Highlander Way, Suite 3
Howell Michigan 48843
517-546-1500
Fax: 517-546-3731

LEIN REQUEST

REASON FOR REQUEST: Adoption Investigation

Type of request: Criminal history check Warrant check Driver record check

Adopting Parent (even if birth parent):

Name: _____
First Middle Last

Maiden Name (if applicable): _____

Date of Birth: _____ **Also Known As:** _____

Driver's License number: _____

Adopting Parent (even if birth parent):

Name: _____
First Middle Last

Maiden Name (if applicable): _____

Date of Birth: _____ **Also Known As:** _____

Driver's License number: _____

Office Use Only

Date: _____ **File Number:** _____

No Record Found: _____ **Record Found:** _____

Staff Initials: _____