

LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT

To: Department of Health and Human Services

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 Human Services on any Protective Service contact for ourselves.

PETITIONER PARENT (even if biological parent)

Name: _____
First Middle Last

Maiden Name (if applicable): _____

Address: _____ DOB: _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

PETITIONER PARENT (even if biological parent)

Name: _____
First Middle Last

Maiden Name (if applicable): _____

Address: _____ DOB: _____

Signature: _____ Date: _____

Witness Signature: _____ 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

TO: DHHS ATTN: Children’s Services Supervisor

Please complete a search of your records in accordance with the above Consent Order and provide the Court with your findings. Thank you for your assistance in this matter.

No Record _____ Yes Record _____

Please Explain: _____

Date: _____ Signature: DHHS Worker _____