

**LIVINGSTON COUNTY PROBATE COURT
PROTECTIVE SERVICE CHECK**

IN THE MATTER OF _____ FILE NO. _____

LIST COMPLETE NAMES OF ALL OTHER CHILDREN AND ADULTS LIVING WITHIN THE HOME

For the purpose of processing a guardianship in the above referenced matter, we the undersigned, hereby consent and agree to allow the Livingston County Probate Court to seek and obtain a Request for Information from the Department of Health and Human Services regarding any Protective Service contact for ourselves.

PETITIONER/FIDUCIARY (#1)

NAME (FIRST, MIDDLE, LAST)	
MAIDEN NAME	
A.K.A.	
DATE OF BIRTH	
CURRENT ADDRESS	
LAST KNOWN ADDRESS	

PETITIONER/FIDUCIARY (#2)

NAME (FIRST, MIDDLE, LAST)	
MAIDEN NAME	
A.K.A.	
DATE OF BIRTH	
CURRENT ADDRESS	
LAST KNOWN ADDRESS	

If previous residents of other county(s), please list county(s): _____

PETITIONER/FIDUCIARY (#1)

SIGNATURE

WITNESS SIGNATURE

DATE

PETITIONER/FIDUCIARY (#2)

SIGNATURE

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 Michigan Department of Health and Human Services completes the Request for Information.

DATE _____

JUDGE _____
Miriam A. Cavanaugh, Judge of Probate (P61875)

TO: Department of Human Services ATTN: Children's Service Supervisor RETURN BY: _____

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 _____

Please Explain: _____

DATE _____

SIGNATURE DHS WORKER _____