

BERRIEN COUNTY PROBATE COURT/FAMILY COURT

File Name: _____

File Number: _____

**MINOR GUARDIAN/CONSERVATOR
RECORDS CHECK RELEASE**

Please be informed that the Berrien County Probate Court routinely completes guardian/conservator investigations as required by law. Pursuant to this requirement, it is the policy of this Court to complete a Children's Protective Services Central Registry check and a /criminal/driving history/prior bankruptcy check through LEIN or other services. Please provide the following information regarding the proposed guardian(s)/conservator(s). **PRINT CLEARLY. Attach photo identification** (e.g. a copy of your driver's license).

NAME: _____

NAME: _____

RACE: _____ GENDER: _____

RACE: _____ GENDER: _____

MAIDEN NAME/NAME
PREVIOUSLY USED: _____

MAIDEN NAME/NAME
PREVIOUSLY USED: _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

DRIVERS LICENSE #: _____

COMPLETE NAMES OF
ALL OTHER CHILDREN
AND ADULTS LIVING IN
THE HOUSE

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ALL OTHER CHILDREN
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I authorize the Berrien County Probate Court to request information about me/us from the Michigan Family Independence Agency or other human services agencies (e.g., Michigan Department of Human Services) as may be appropriate and I also authorize a criminal/driving history/prior bankruptcy check through LEIN or other services.

DUE DATE: _____

Date

Signature of proposed guardian(s)/conservator(s)

Street Address

City, State, Zip

**THE PROBATE COURT WILL FAX
TO SUPERVISOR/KRISTIN CHADDOCK OF CHILD
PROTECTIVE SERVICES AT
(269) 934-2115**

COMMENTS

