

KENT COUNTY PROBATE COURT CRIMINAL HISTORY CHECK

I, the undersigned, having requested my appointment as a guardian of a minor child with the Kent County Probate Court, do hereby authorize the LEIN agent to conduct a criminal history file check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as the guardian for the minor child.

Please **print** information below

NAME OF MINOR CHILD: _____

FILE #: _____

NAME OF PROPOSED GUARDIAN: _____

MAIDEN/OTHER NAME(S): _____

MICHIGAN DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____

RACE: _____ SEX: _____

DATE: _____

Signature

PLEASE DO NOT FILL OUT INFORMATION BELOW LINE

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To LEIN OPERATOR please indicate if the above individual has a criminal history, and FAX this form back to the Probate Court at 616-632-5430. If the individual has a criminal history, court personnel will contact you for further details.

The individual _____ does not
_____ does

have a criminal history

BY: LEIN OPERATOR

HEARING DATE: _____

SENT FOR CHECK ON: _____