

STATE OF MICHIGAN PROBATE COURT COUNTY OF CASS	CRIMINAL HISTORY AUTHORIZATION Proposed Guardian/Conservator	FILE NO.
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In the Matter of: _____, an alleged protected individual,

I, the undersigned, having requested my appointment as guardian/conservator with the Cass 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. This information obtained by the Court will be used to determine my suitability to serve as the guardian/conservator.

_____ Date _____ Signature of Proposed Guardian/Conservator

_____ Case Name: _____ File No.

_____ Name (Last, first, middle, Jr., II, etc.): _____ Phone Number

_____ Also Known As (aliases, maiden name, previous married name(s)) _____ Driver's License # and State

_____ Address _____ How long have you lived in Michigan? _____ Race

_____ City _____ State _____ Zip Code _____ Birth Date _____ Sex _____ Height _____ Weight

REQUESTER INFORMATION

Kelley James-Jura, Probate Register
Cass County Probate Court
60296 M-62, Suite 10, Cassopolis, MI 49031
Phone (269) 445-4454, ext. 2

Date of Request: _____
Date of Hearing: _____

_____ Signature of Probate Register

CONVICTION CLEARANCE (LEIN Use Only)

No Conviction: _____

Conviction: _____

_____ By: LEIN Operator

If conviction, please specify:

