

STATE OF MICHIGAN

Michael L. Buck
Probate Judge



Avery D. Rose
Probate Register
Court Administrator

Jennifer Callaway
Deputy Register

Jennifer White
Deputy Register

ALLEGAN COUNTY PROBATE COURT

CRIMINAL HISTORY AUTHORIZATION

I, the undersigned, having requested my appointment as a guardian or conservator with the Allegan County Probate Court, do hereby authorize the Court 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 a guardian or conservator.

Please print information below

In the Matter of: _____ File No. _____

Name of Proposed Guardian/Conservator: _____

Maiden/other name(s): _____

Driver's License No. _____ Date of Birth: _____

Race: _____ Sex: _____

Date: _____

Signature

Do not write below this line – For court use only

The individual: does not have a criminal history.

does have a criminal history, and a LEIN printout is attached.

Date

LEIN Operator's Signature

