STATE OF MICHIGAN

Michael L. Buck Probate Judge



Avery D. Rose
Probate Register
Court Administrator

Jennifer Callaway
Deputy Register

Jennifer White Deputy Register

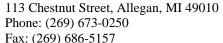
ALLEGAN COUNTY PROBATE COURT

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	l Guardian/Conservator:	:
Maiden/other nam	e(s):	
Driver's License No		Date of Birth:
Race:	Sex:	
Date:		
		Signature
	Do not write belo	ow 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



cms.allegancounty.org/sites/Office/Probate

