STATE OF MICHIGAN IN THE PROBATE COURT FOR THE COUNTY OF ALLEGAN

CASE FILE INFORMATION FORM FOR MINOR GUARDIANSHIP/CONSERVATORSHIP

In the matter of:	File No
<u>Mother</u>	<u>Father</u>
Full Name:	Full Name:
Address:	Address:
Phone No	Phone No
Social Security No	Social Security No.
Date of Birth:	Date of Birth:
Names and ages of minors at home of parent(s):	Names and ages of minors at home of parent(s)
1	1
2	2
3	3
Guardian/Conservator	Guardian/Conservator
Full Name:	Full Name:
Address:	Address:
Phone No	Phone No
Social Security No	Social Security No.
Driver's License No	Driver's License No
Date of Birth:	Date of Birth: