

MACOMB COUNTY PROBATE COURT

MINOR GUARDIANSHIP CLEARANCE REQUEST

FILE NAME: _____

MINOR'S RACE: _____ MINOR'S DOB: _____ MALE FEMALE
(Check One)

FILE NUMBER: _____

PROPOSED GUARDIAN/CO-GUARDIAN INFORMATION

FULL NAME: _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE FEMALE
(Check One)

ADDRESS: _____

FULL NAME: _____ PHONE NO. _____
LAST FIRST MIDDLE (No Initials)

BIRTHDATE: _____ RACE: _____ MALE FEMALE
(Check One)

ADDRESS: _____

PHONE NO. _____

NAME(S) AND BIRTH DATES OF ALL OTHER ADULT & MINOR RESIDENTS
IN THE PROPOSED GUARDIAN'S HOME

HEARING DATE: _____

REQUESTED BY: _____

DATE REQUESTED: _____

REQUEST RESULTS

CPS CLEARANCE: _____

LEIN RESULT(S): _____

DATE: _____