

TO: OAKLAND COUNTY DEPARTMENT OF HUMAN SERVICES
FROM: GUARDIANSHIP SERVICES
OAKLAND COUNTY PROBATE COURT

DATE: _____

Please do a record check on the following persons who are parties to a current guardianship proceeding. Pursuant to Section 7 of the Child Protection Act (MCLA 722.627), this information is necessary to decide an issue before this court.

PROPOSED GUARDIAN(S) TO COMPLETE ENTIRE FORM

**For DHS to Complete Only*

| MINOR CHILD INFORMATION | FULL LEGAL NAME | DATE OF BIRTH | RELATIONSHIP TO GUARDIAN(S) | DHS INFORMATION |
|---|------------------------|----------------------|------------------------------------|------------------------|
| <i>MINOR CHILD</i> | | DATE OF BIRTH | | |
| Street Address _____ City _____ State _____ Zip _____ | | | | |
| <i>MOTHER</i> | | DATE OF BIRTH | | |
| Street Address _____ City _____ State _____ Zip _____ | | | | |
| <i>FATHER</i> | | DATE OF BIRTH | | |
| Street Address _____ City _____ State _____ Zip _____ | | | | |

FILL IN the below information for EVERYONE in the PROPOSED GUARDIAN(S)' HOME.

ADDRESS OF PROPOSED GUARDIAN

Street Address _____ City _____ State _____ Zip _____

Telephone: Area () _____

**For DHS to Complete Only*

| PROPOSED GUARDIAN(S) | FULL LEGAL NAME | DATE OF BIRTH | DHS INFORMATION |
|--|------------------------|----------------------|------------------------|
| <i>1ST PROPOSED GUARDIAN</i> | | | |
| <i>2ND PROPOSED CO-GUARDIAN (If Applicable)</i> | | | |

OTHER PEOPLE LIVING IN THE PROPOSED GUARDIAN(S) HOME

**For DHS to Complete Only*

| | FULL LEGAL NAME | DATE OF BIRTH | RELATIONSHIP TO GUARDIAN(S) | DHS INFORMATION |
|----|------------------------|----------------------|------------------------------------|------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

USE ADDITIONAL SHEET, IF NECESSARY