

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF GENESEE

ORDER FOR  
PROTECTIVE SERVICES  
HISTORY CHECK

FILE NO.:

IN THE MATTER OF: \_\_\_\_\_ MINOR'S  
(MINOR'S FIRST MIDDLE AND LAST NAME) DATE OF BIRTH: \_\_\_\_\_

**A petition for limited/full guardianship of a minor has been filed.**

**The Department of Human Services is hereby ordered to conduct a limited investigation into the protective services history of the proposed guardian and any adult living in the home.**

A hearing is scheduled for: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Signature

Petitioner's Name: \_\_\_\_\_

Petitioner's Phone Number: \_\_\_\_\_

Petitioner's Address: \_\_\_\_\_  
Street No. City State Zip

**Proposed Guardian:**

Proposed Guardian's Name: \_\_\_\_\_

Maiden Name / Any Aliases: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No.: City State Zip

Phone Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

**Minor's Parents:**

Mother's Name: \_\_\_\_\_

Mother's Phone Number: \_\_\_\_\_

Mother's Address: \_\_\_\_\_  
Street No.: City State Zip

Legal Father's Name: \_\_\_\_\_

Father's Phone Number: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
Street No.: City State Zip

*By signing below, I consent to the Department of Human Services performing a protective history check and certify that the above information is true to the best of my information, knowledge, and belief.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature