

GRAND TRAVERSE COUNTY PROBATE COURT
CRIMINAL HISTORY AUTHORIZATION

Case name: _____ File #: _____

I, the undersigned, having requested my appointment as a fiduciary with the Grand Traverse County Probate Court, do hereby authorize the Grand Traverse County Probate Court to conduct a criminal history 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.

If I have a criminal history or Children's Protective Services/Adult Protective Services record in another state or country, I hereby agree to provide the Court with a copy of those documents at least 5 business days before the hearing.

Please print information below:

Proposed Guardian or Conservator:

_____/_____/_____
First Middle Last

Aliases/Maiden name(s)/Other name(s): _____

Date of birth: _____ Race: _____ Sex: _____

Driver's license number/Government-issued ID: _____

State of issuance: _____

How long have you lived in Michigan? _____

Date: _____ Signature: _____