

**4TH JUDICIAL CIRCUIT COURT
FAMILY DIVISION-ADOPTION UNIT
JACKSON COUNTY, MICHIGAN
517 768-2776**

REQUIRED RECORD CLEARANCE

ADOPTION/GUARDIANSHIP

CHILD (CHILDREN) _____

FILE # _____

NAME OF ADOPTING PARENT/PROPOSED GUARDIAN OR OTHER ADULT LIVING IN HOME.

FULL NAME _____

MAIDEN NAMES OR AKA (also known as) _____

DATE OF BIRTH _____ **TELEPHONE** _____

DRIVER LICENSE NUMBER _____

HOW LONG HAVE YOU LIVED IN MICHIGAN? _____

WHAT OTHER STATE HAVE YOU LIVED IN? _____

FOR COURT USE ONLY

ICHA:

DHS:

LOCAL: