

Macomb County Probate Court
MINOR GUARDIANSHIP CLEARANCE REQUEST

Section 1

File Name: _____

File Number: _____

Minor's Race: _____ Minor's DOB: _____ Male/Female
(circle one)

Section 2

Proposed Guardian/Co-Guardian Information

Full Name: _____
Last First Middle (no initials)

Birth Date: _____ Race: _____ Male/Female
(circle one)

Address: _____

Phone Number

Full Name: _____
Last First Middle (no initials)

Birth Date: _____ Race: _____ Male/Female
(circle one)

Address: _____

Phone Number

Section 3

**Name(s) and Birth Dates of all other Adult and Minor Residents
in the Proposed Guardian's Home (Use separate sheet if you need more room.)**

Do Not Write Below This Line – For Court Use Only

Hearing Date: _____

Requested By: _____

Dated Requested: _____

Request Results:

CPS Clearance _____

Lien Results: _____

Date: _____