

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION POLICE/CRIMINAL RECORD CHECK

PETITIONER		
NAME (Last)	(First)	(Middle)
Address _____ _____		
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH

PETITIONER		
NAME (Last)	(First)	(Middle)
Address _____ _____		
SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH

I UNDERSTAND THAT IT IS NECESSARY THAT AN INVESTIGATION OF MY BACKGROUND BE CONDUCTED TO VERIFY THE PRESENCE OR LACK OF ANY PAST VIOLATIONS OF LAW.

I UNDERSTAND THAT THE PURPOSE OF THIS CHECK IS TO PROTECT MYSELF, THE CHILD, AND THE PROBATE COURT BY ESTABLISHING THAT I HAVE A GOOD REPUTATION AND RECORD WITHIN MY COMMUNITY.

I HEREBY GIVE MY CONSENT FOR THIS INFORMATION EXCHANGE AND AUTHORIZE _____ INVESTIGATOR FOR THE PROBATE COURT TO CONTACT EITHER LOCAL OR STATE POLICE OR SHERIFF DEPARTMENTS OR COURTS IN THIS OR ANOTHER STATE TO GAIN THIS INFORMATION.

I UNDERSTAND THAT THIS RELEASE WILL REMAIN IN EFFECT UNTIL FINALIZATION OF THIS PROCEEDING UNLESS REVOKED BY ME IN WRITING PRIOR TO THAT DATE.

PETITIONERS SIGNATURE
DATE

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DATE