

CONSENT TO CRIMINAL HISTORY CHECK

I, _____, give the Leelanau County Circuit Court - Family Division permission to check my criminal history with state and local police, as well as with jurisdictions in other states where I have lived.

Date

Signature

PLEASE PRINT LEGIBLY

Last Name, First Name, Middle Initial

Race

Sex

DOB

Current Age

SS#

Records searches for office use only:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

ICHAT
MI Judicial Data Warehouse
MI Sex Offender Registry
MDOC Registration
DHHS Central Registry