

Authorization to Release Information

Ward or Proposed Ward's Name: _____

Case Number: _____

In requesting to be Guardian, I acknowledge that Miami County Probate Court has a vested interest in knowing my background and as a result I am required to furnish information for use in the court guardianship proceedings. I also understand that my criminal history will be checked.

For this purpose, I consent to the release of information by law enforcement agencies, and any other individuals or agencies to the Guardianship Investigator or any duly authorized agent of Miami County Probate Court.

I further consent to allow a photocopy of this release form, when presented by a duly authorized agent of Probate Court to serve as a valid release even though the photocopy does not contain an original writing of my signature.

This release expires upon the closing of the guardianship case or upon the court appointing another individual as guardian in this case.

Applicant's Signature		
Date Signed (Month/Day/Year)		
Applicant's First Name (Printed/Typed)	Applicant's Middle Name (Printed/Typed)	Applicant's Last Name (Printed/Typed)
Date of Birth (Month/Day/Year)		
Driver's License Number		Driver's License State
Social Security Number (last 4 digits)		