## STATE OF MICHIGAN OAKLAND COUNTY 6TH CIRCUIT COURT – FAMILY DIVISION

## JUVENILE GUARDIANSHIP SOCIAL HISTORY/FACE SHEET

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r	, P.	- N. J.	

Parent and Minor Child Information:							
Name of minor		Minor's birth date		Minor	Minor's social security no.		
Minor's present address			City		<u> </u>	State	Zip
Mother's name					Mother's birt	h date	
Mother's present address			City		State	Zip	
Father's name					Father's birth	date	
Father's present address			City		State Z		
Father's name on minor's birth certificate  Yes No Paternity established through cou			rt proceedings If yes, specify court and county where paternity was e Circuit Probate			aternity was esta	ablished County
Minor's parents married to each other  Yes No Minor's parents divorced from each other  Yes No			ach other If yes, specify county of divorce  County				
Proposed Guardian's Inf	Cormation:						
Name of proposed guardian (including any prior names)		Birth date	Driver license no.	10. Social s		al security no.	
Present address City			State Zip	Ler	ngth of time at th	nis address	
Relationship to minor	Home phone no.	Work phone no.	Cell phone no.	Best number to call between 8:00 a.m. and 5:00 p.m.		p.m.	
Guardianship of any other minor	other minor If yes, give name and file numbers of each minor child						
Occupation Employer's name and telephone no. Length of time with this employer							

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## JUVENILE GUARDIANSHIP SOCIAL HISTORY/FACE SHEET

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Parent and Minor Child Information:								
Name of minor			Minor's birth date	Minor	Minor's social security no.			
Minor's present address			City		•	State	Zip	
Mother's name				Mot	her's birt	h date		
Mother's present address			City		State	Zip		
Father's name Father's birth date								
Father's present address			City State				Zip	
Father's name on minor's birth cer  Yes No	tificate Paterni	ty established through cou es No (		specify court and county bate	y where p	aternity was estab	County	
Minor's parents married to each ot Yes No	her Minor'	s parents divorced from ea	ich other If yes, speci	fy county of divorce		County		
Proposed Guardian's Inf	formation:							
Name of proposed guardian (including any prior names)  Birth date  Driver license no.  Social security no.								
Present address City			State Zip Length of time at this address				s address	
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Relationship to minor	Home phone no.	Work phone no.	Cell phone no.	Best number to call be	tween 8:0	00 a.m. and 5:00 p	).m.	
Guardianship of any other minor	If yes, give name and	file numbers of each mine	or child					
Occupation	Employer's name and telep			phone no. Length of time with this employer				