

PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE

Date _____ Case Number _____

POLICE/CRIMINAL RECORD CHECK
RELEASE OF CONFIDENTIAL INFORMATION AUTHORIZATION

_____ Law Enforcement Agency

_____ Address

_____ City, State, Zip

TO WHOM IT MAY CONCERN:

This Court is responsible for the care and protection of children in this community, and as a part of our responsibility, we are required by state law to do background checks on those individuals being considered as caretakers or residents in the family home. We are requesting a record check on the individual listed below. Please assist us by checking your records and returning this form. Thank you for your cooperation.

STATUS: Parent Adoptive/Foster Application Other Caregiver Volunteer
 Employee Other Household Resident (Specify Relationship to Applicant Family) _____

NAME: _____
 Last First Middle (Maiden)

ALIAS, PRIOR NAME(S): _____ TELEPHONE #: _____

SOCIAL SECURITY #: _____ DATE AND PLACE OF BIRTH: _____

ADDRESS: _____
 (Number, Street, Apt# City State Zip Code How Long?)

KNOWN PREVIOUS ADDRESSES (Please list any/all out of state residences and the duration of each):

I understand that Montgomery County Probate Court has the legal obligation to protect a child and to serve his/her best interests. By signing this form, I understand that I am submitting to a background check to be completed by the above named law enforcement agency, and I hereby give my consent for the information requested to be released. I also authorize Montgomery County Probate Court to contact local and state law officials, the bureau of child support enforcement, and courts which may be located in another state for such information. I understand that this release will remain in effect for six months from the date signed, unless revoked by me in writing prior to that time.

 Signature of Person Authorizing Release
 Check here if Individual Refuses to Sign

 Date

 Signature of Montgomery County Probate Employee Authorized to Make Request

 Date