

STATE OF MICHIGAN OAKLAND COUNTY 6TH CIRCUIT COURT – FAMILY DIVISION	JUVENILE GUARDIANSHIP SOCIAL HISTORY/FACE SHEET	FILE NO.
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Parent and Minor Child Information:			
Name of minor	Minor's birth date	Minor's social security no.	
Minor's present address	City	State	Zip
Mother's name			Mother's birth 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 certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Paternity established through court proceedings If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County		
Minor's parents married to each other <input type="checkbox"/> Yes <input type="checkbox"/> No	Minor's parents divorced from each other If yes, specify county of divorce <input type="checkbox"/> Yes <input type="checkbox"/> No _____ County		

Proposed Guardian's Information:				
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
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.
Guardianship of any 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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Mother's name	Mother's birth 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 certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Paternity established through court proceedings If yes, specify court and county where paternity was established <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Circuit <input type="checkbox"/> Probate _____ County		
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