In the Court of Common Pleas Probate Division Trumbull County, Ohio

AUTHORIZATION

I, the undersigned, hereby authorize the Court Investigator of the Trumbull County Probate Court to perform a police background check with any local, state or federal police department or agency as part of my application to be appointed guardian of

Date	
,	
Social Security Number	
Date of Birth	
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Printed Name	
Signature	Date
	Printed Name Date of Birth Social Security Number