

**WASHTENAW COUNTY TRIAL COURT  
ADOPTION UNIT**

Central Registry Clearance Request

The adoption law in the State of Michigan requires that all petitioners provide the Court with a statement certified by the Department of Health and Human Services that you have no history of involvement in a case of child abuse or neglect.

To do this, you are required to complete the bottom of this form and submit it **along with a copy of your photo ID and a self-addressed stamped envelope** to:

**Supervisor, Child Protective Services  
Department of Health and Human Services  
22 Center Street  
Ypsilanti, MI 48198**

*(Please be sure to include all of the items noted or DHHS will not return your results)*

When your name has been checked by DHHS, you will be sent a notification to your address. You will then need to forward this notification to the Adoption Department where it will be entered into the adoption file.

Thank you.

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To the Department of Health and Human Services, Child Protective Services

I request that you provide me with any documentation pertaining to my either being or not being on the central registry for substantiated abuse or neglect as defined by Michigan Compiled Laws:

Name: <i>(please print)</i>		
Also Known As: <i>(please print) (include aliases, maiden names, previous married names, etc.)</i>		
Address:	City:	State & Zip:
Date of Birth:	Social Security Number:	
Driver's License Number:		
Daytime Telephone Number:		
Signature:		Date: