

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____			
GUARDIANSHIP OF _____ (Name): _____		CASE NUMBER: _____	
MINOR			
CONFIDENTIAL GUARDIAN SCREENING FORM Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate		HEARING DATE AND TIME: _____	DEPT.: _____

The proposed guardian must complete and sign this form. The person requesting appointment of a guardian must submit the completed and signed form to the court with the guardianship petition.
This form must remain confidential.

How This Form Will Be Used

This form is **confidential** and will not be a part of the public file in this case. Each proposed guardian must complete and sign a separate copy of this form under rule 7.1001 of the California Rules of Court. The information provided will be used by the court and by persons and agencies designated by the court to assist the court in determining whether to appoint the proposed guardian as guardian. The proposed guardian **must** respond to each item.

1. a. **Proposed guardian (name):**
b. Date of birth: _____
c. Social security number: _____ d. Driver's license number: _____ State: _____
e. Telephone numbers: Home: _____ Work: _____ Other: _____
2. I am I am not required to register as a sex offender under California Penal Code section 290.
(If you checked "I am," explain in Attachment 2.)
3. I have I have not been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor. (If you checked "I have," explain in Attachment 3.)
 (Check here if you have been arrested for drug or alcohol-related offenses.)
4. I have I have not had a restraining order or protective order filed against me in the last 10 years.
(If you checked "I have," explain in Attachment 4.)
5. I am I am not receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue.
(If you checked "I am," explain in Attachment 5.)
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to him or her?
 Yes No (If you checked "Yes," explain in Attachment 6 and provide the name and address of each social worker, parole officer, or probation officer.)
7. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation? Yes No (If you checked "Yes," explain in Attachment 7.)
8. I am I am not aware of any reports alleging any form of child abuse, neglect, or molestation made to any agency charged with protecting children (e.g., Child Protective Services) or any other law enforcement agency regarding me or any other person living in my home. (If you checked "I am," explain in Attachment 8 and provide the name and address of each agency.)
9. Have you, or has any other person living in your home, habitually used any illegal substances or abused alcohol?
 Yes No (If you checked "Yes," explain in Attachment 9.)

Page 1 of 2

