

CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF (<i>Name</i>): _____	CASE NUMBER: _____
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.*)

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GUARDIANSHIP OF (Name): <div style="text-align: right; padding-right: 20px;">MINOR</div>	CASE NUMBER:
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10. Have you, or has any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?

☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 10.)*

11. Do you or does any other person living in your home suffer from mental illness?

☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 11.)*

12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?

☐ Yes ☐ No *(If you checked "Yes," explain in Attachment 12.)*

13. ☐ I have or may have ☐ I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of guardian.

(If you checked "I have or may have," explain in Attachment 13.)

14. ☐ I have ☐ I have not previously been appointed guardian, conservator, executor, or fiduciary in another proceeding.

(If you checked "I have," explain in Attachment 14.)

15. ☐ I have ☐ I have not been removed as guardian, conservator, executor, or fiduciary in any other proceeding.

(If you checked "I have," explain in Attachment 15.)

16. ☐ I am ☐ I am not a private professional fiduciary, as defined in Business and Professions Code section 6501(f).

(If you checked "I am," respond to item 17. If you checked "I am not," go to item 18.)

17. ☐ I am ☐ I am not currently licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. My license status and information is stated in item 1 on page 1 of the Professional Fiduciary Attachment signed by me and attached to the petition that proposes my appointment as guardian in this matter. *(Complete and sign the Professional Fiduciary Attachment and attach it to the petition, or deliver it to the petitioner for attachment, before the petition is filed. See item 4d of the petition. Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)*

18. ☐ I am ☐ I am not a responsible corporate officer authorized to act for (name of corporation):

a California nonprofit charitable corporation that meets the requirements for appointment as guardian of the proposed ward under Probate Code section 2104. I certify that the corporation's articles of incorporation specifically authorize it to accept appointments as guardian. *(If you checked "I am," explain the circumstances of the corporation's care of, counseling of, or financial assistance to the proposed ward in Attachment 18.)*

19. ☐ I have ☐ I have not filed for bankruptcy protection within the last 10 years.

(If you checked "I have," explain in Attachment 19.)

MINORS' CONTACT INFORMATION

20. Minor's name:	School (name):	
Home telephone:	School telephone:	Other telephone:
21. Minor's name:	School (name):	
Home telephone:	School telephone:	Other telephone:
22. Minor's name:	School (name):	
Home telephone:	School telephone:	Other telephone:
<input type="checkbox"/> Information on additional minors is attached.		

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PROPOSED GUARDIAN)



(SIGNATURE OF PROPOSED GUARDIAN)*

* Each proposed guardian must fill out and file a separate screening form.