CONFIDENTIAL (DO NOT ATTACH TO PETITION)

GC-212

A	TTORNE	EY OR PART	TY WITHOU	JT ATTORNEY (Na	FOR COURT USE ONLY				
L									
		TELEPHO	NE NO.:		FAX NO. (Optional):				
E	E-MAIL A	DDRESS (C	ptional):						
	ATTC	RNEY FOR	(Name):						
8				LIFORNIA, COU					
		STREET AD	DRESS:						
		MAILING AD							
	С	ITY AND ZIF							
_		BRANCH	I NAME:						
	SUARE	DIANSHIF	OF			CASE NUMBER:			
((Name):								
					MINOR				
			CONF	FIDENTIAL	GUARDIAN SCREENING FORM	HEARING DATE AND TIME:	DEPT.:		
			Gua	rdianship of	Person Estate				
		T1							
					must complete and sign this form. The person the completed and signed form to the court wi		l		
		guard	ıan mı	ist submit i		ith the guardianship petition.			
					This form must remain confidential.				
					How This Form Will Be Used				
					of the a part of the public file in this case. Each propose				
					e 7.1001 of the California Rules of Court. The informati				
					d by the court to assist the court in determining whethe ust respond to each item.	er to appoint the proposed guardian	as		
9		e		<u> </u>					
1. a. Proposed guardian (name):									
	b. D	ate of bi	rth:						
	c. S	ocial sec	curity no	umber:	d. Driver's license number:	State:			
	e. T	elephon	e numb	ers: Home:	Work: Other:				
2		Lam		Lam not	required to register as a sex offender under California	Ponal Code section 200			
2.		l am		I am not	required to register as a sex offender under California (If you checked "I am," explain in Attachment 2.)	a Penai Code Section 290.			
3.		I have		I have not	been charged with, arrested for, or convicted of a crin	ne deemed to be a felony or a			
					misdemeanor. (If you checked "I have," explain in At	tachment 3.)			
					(Check here if you have been arrested for drug	g or alcohol-related offenses.)			
4.		I have		I have not	had a restraining order or protective order filed agains (If you checked "I have," explain in Attachment 4.)	st me in the last 10 years.			
5		Lam		I am not		ir thoronist for a montal hoolth rolet	od issus		
5.		I am	ш	I am not	receiving services from a psychiatrist, psychologist, o (If you checked "I am," explain in Attachment 5.)	ir therapist for a mental health–relate	ea issue.		
6.	Do yo	ou, or do	es any	other person	living in your home, have a social worker or parole or p	probation officer assigned to him or	her?		
		Yes		No	(If you checked "Yes," explain in Attachment 6 and pr	rovide the name and address of eac	h social		
					worker, parole officer, or probation officer.)				
7.	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.)								
0	$\overline{}$	Lom		l om not	aware of any reports alloging any form of shill above	naglact or malactation made to an			
8.	I am I 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		u ram,"		
_				41	explain in Attachment 8 and provide the name and ac	- · ·			
9.	Have	-	has any	·	n living in your home, habitually used any illegal substa	ances or abused alcohol?			
		Yes		No	(If you checked "Yes," explain in Attachment 9.)		Page 1 of 2		

Form Adopted for Mandatory Use Judicial Council of California GC-212 [Rev. July 1, 2009]

CONFIDENTIAL GUARDIAN SCREENING FORM (Probate—Guardianships and Conservatorships)

Probate Code, § 1516; Family Code, § 3011; Cal. Rules of Court, rule 7.1001 www.courtinfo.ca.gov **CONFIDENTIAL**

GC-212

GUARDIANSHIP OF (Name):	CASE NUMBER:						
	MINOR						
0. 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 Yes No (If	g in your home suffer from mental illness? you checked "Yes," explain in Attachment 11.)						
12. Do you suffer from any physical disab	Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?						
13. I have or may have I do effe	o not have an adverse interest that the court mect on, my ability to faithfully perform the duties of						
14. I have I have not pre	you checked "I have or may have," explain in Attac eviously been appointed guardian, conservator, exe you checked "I have," explain in Attachment 14.)	· · · · · · · · · · · · · · · · · · ·					
15. I have I have not bee	en removed as guardian, conservator, executor, or you checked "I have," explain in Attachment 15.)	fiduciary in any other proceeding.					
16. I am I am not a p	— — — — — — — — — — — — — — — — — — —						
17. I am I am not cui Aff Fic as att							
18. I am I am not a re	esponsible corporate officer authorized to act for (r	name of corporation):					
gua cor gua cor 19.	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.) 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: Home telephone:	School (name): School telephone:	Other telephone:					
22. Minor's name: Home telephone: Information on additional minor	School (name): School telephone: rs is attached.	Other telephone:					
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 quardian must fill out and file a separate screening form.							