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, COUN	ITY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
GUARDIANSHIP OF		CASE NUMBER:		
(Name):	MINOR			
	MINOR		T	
	GUARDIAN SCREENING FORM	HEARING DATE AND TIME:	DEPT.:	
Guardianship of	Person Estate			
The proposed quardian n	nust complete and sign this form. The perso	n requesting appointment of a	1	
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.				
3	This form must remain confidential.	3		
	How This Form Will Be Used			
This form is confidential and will not		ed guardian must complete and sign	n a	
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 design	ated by the court to assist the court in determining wh			
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:	Claire.		
		Danal Cada agation 200		
2.	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 crir misdemeanor. (If you checked "I have," explain in Ai			
	(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 again (If you checked "I have," explain in Attachment 4.)	st me in the last 10 years.		
5. I am I am not				
6 Do you or does any other person I	iving 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 p			
	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,				
	es No (If you checked "Yes," explain in At		,	
8. L Iam Iam not	aware of any reports alleging any form of child abuse			
	agency charged with protecting children (e.g., Child F		/	
	enforcement agency regarding me or any other perso (If you checked "I am," explain in Attachment 8 and p		ch	
	agency.)			
9. Have you, or has any other person	living in your home, habitually used any illegal substa	ances or abused alcohol?		
	(If you checked "Yes," explain in Attachment 9.)			
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Form Adopted for Mandatory Use Judicial Council of California GC-212 [Rev. January 1, 2006]

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**

GUARDIANSHIP OF (Name):		CASE NUMBER:		
_		_		
	MINO	R		
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 persor Yes No	living in your home suffer from mental illness? (If you checked "Yes," explain in Attachment 11.)			
12. Do you suffer from any physical Yes No	disability that would impair your ability to perform the duties of guardian? (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 guardian, as defined in Probate Code section 2341. I have I have not filed with the court the information statement required by			
17. I am I am not	Probate Code section 2342. (If you checked "I am" and "I have not," explain in Attachment 16.) currently registered with the Statewide Registry of Conservators/Guardians/Trustees maintained by the California Department of Justice under Probate Code sections 2850–2855. My current registration will expire on (date):			
18. I am I am not	(If you checked "I am not," explain why you are not registered in Attachment 17.) a responsible corporate officer authorized to act for (name of corporation):			
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				
MINORS' CONTACT INFORMATION 20. Minor's name: School (name):				
20. Minor's 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:	School (name): School telephone:	Other telephone:		
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.				