

CONSENT TO CRIMINAL BACKGROUND CHECK

In conjunction with the legal action filed in that Court, I hereby authorize the Probate Court of Gwinnett County to ask for and receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any state or local criminal justice agency in any state in the United States or its territories, and in the Federal Bureau of Investigation.

Should the Probate Court of Gwinnett County deem it appropriate that the legal action filed in that Court be referred for hearing to the Juvenile Court of Gwinnett County, I further authorize the Juvenile Court of Gwinnett County to ask for and receive any criminal history record information pertaining to me which may be in the files of any state or local criminal agency in Georgia, in any state or local criminal justice agency in any state in the United States or its territories, and in the Federal Bureau of Investigation.

I understand that Section 7 of the Privacy Act (found at 5 U.S.C. § 552a note [Disclosure of Social Security Number]) provides that "[I]t shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number." Sec. 7(a)(1).

"Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it." Sec. 7(b).

I understand that the purpose of providing my Social Security Number is to perform a criminal background check based on my application for guardianship/conservatorship under Title 29 of the Official Code of Georgia, Annotated, in order for this Court to determine my fitness to act as a guardian/conservator.

I further understand providing this number is voluntary and that, while no legal proceeding or service shall be denied by this office for declining to provide a Social Security number, failing to provide this number may result in a delay in issuance of a guardianship/conservatorship as name based searches often result in information which is not applicable to the applicant and which must be more closely scrutinized by the Court.

Social Security Number: _____ Sex: _____ Height _____ Weight _____

Hair Color _____ Eye Color _____ Race _____ Date of Birth _____

Place of Birth:

State: _____ City: _____ County or District _____ Country _____

Full Name Printed

Signature

Address

Signed and sworn to or affirmed before me
This _____ day of _____, 20____.

CLERK OF PROBATE COURT / NOTARY PUBLIC (SEAL)

Name Printed: _____

My Commission Expires: _____

G.C.I.C. REPORT RESULTS:

NO RECORD _____

RECORD _____

NAME ON RECORD

GUARDIANSHIP INFORMATION

Minor Name _____

File No.

B. INFORMATION ABOUT THE MINOR'S PARENTS

1. **Mother's Full Name** _____

Address _____ Apt# _____ State _____

Zip _____, County _____, Country _____

U.S. Citizen: Yes No If no, citizen of what country? _____

Home Phone _____ Work Phone _____

When was the last time you had contact with the minor's mother? Date: _____

2. **Father's Full Name** _____

Address _____ Apt# _____ State _____

Zip _____, County _____, Or Country _____

U.S. Citizen: Yes No If no, citizen of what country? _____

Home Phone _____ Work Phone _____

When was the last time you had contact with the minor's father? Date: _____

3. Parent's Custody Status

Are the Mother and Father of the child currently married to each other? Yes No

If not married, what is the marital status between them? Divorced Separated Never married
*If the minor's parents are divorced or legally separated, please provide supporting documentation identifying which parent was **Given Legal Custody**.*

If Mother and Father never married, has the Father legitimated the minor? Yes No
*If yes, you **MUST** provide legitimation documents to the court.*

Is any custody action currently pending between the minor's Mother and Father? Yes No
If yes, what type of action and which court? _____, filed in the _____ court of _____ county, state of _____.

Does any individual other than a natural parent have Legal Custody or Guardianship of the minor?
 Yes No If yes, Name(s) _____ has/have Custody _____ Guardianship _____ pursuant to an order entered by Name of Court _____, County and State _____

*If anyone other than a natural parent has legal custody or guardianship of the minor, you **MUST** provide this court with a copy of the court order granting such legal custody or guardianship.*

Minor _____

C. Guardian (1st Petitioner)

Full Name: _____

Address _____

City _____ County _____ State _____ Zip _____

How long at present address: _____ Marital Status Married Separated Divorced

Home Phone _____ Work Phone _____

Previous address _____ Apt# _____

County _____ State _____ Zip _____ OR Country

Is the co-petitioner of this petition your spouse? Yes No

If not, what is your relationship to the co-petitioner? _____

Do both petitioners seeking guardianship live in the same house? Yes No

U.S. Citizen: Yes No If no, citizen of what country? _____

How long have you resided in the United States? _____

Type of Documentation provided to the Court showing alien legal status:

Place of Employment (if self-employed, name of business and address):

Length of Employment _____ Supervisor's name _____

If Spouse is 2nd petitioner go to next page to complete for 2nd petitioner.

Spouse's Full Name: _____

Address _____

City _____ County _____ State _____ Zip _____

How long at present address: _____ Marital Status _____

Home Phone _____ Work Phone _____

Length of Employment _____ Supervisor's name _____

2. Guardian (2nd Petitioner)

Full Name: _____

Address _____

City _____ County _____ State _____ Zip _____

How long at present address: _____ Marital Status Married Separated Divorced

Home Phone _____ Work Phone _____

Previous address _____ Apt# _____

County _____ State _____ Zip _____ OR Country

Is the co-petitioner of this petition your spouse? Yes No

If not, what is your relationship to the co-petitioner? _____

Do both petitioners seeking guardianship live in the same house? Yes No

U.S. Citizen: Yes No If no, citizen of what country? _____

How long have you resided in the United States? _____

Type of Documentation provided to the Court showing alien legal status:

Place of Employment (if self-employed, name of business and address):

Length of Employment _____ Supervisor's name

Spouse's Full Name (do not complete if spouse is other petitioner)

Address _____

City _____ County _____ State _____ Zip

How long at present address: _____ Marital Status _____

Home Phone _____ Work Phone _____

Length of Employment _____ Supervisor's name

D. INFORMATION ABOUT THE MINOR1. Child's Name

Male Female

Child's current telephone # _____
Child's current address _____
Where was the minor born? _____
Is the child a U.S. citizen: Yes No
If no, citizen of what country? _____
Name the Gwinnett County School the minor will attend? _____
Name the last school the minor attended? _____
County _____, State _____ Country _____

2. How long have you known the child? _____ Are you related to the child? _____ If yes, how? _____ if not, how do you know the child?
3. When was the last time you had contact with the child's natural parent(s), provide details _____

4. Has child ever been in foster care? Yes No
Has child ever been removed from parental custody? (Circle) Yes No
If yes to either of the above, explain fully:

5. Is the minor currently under a court order that prevented the minor from leaving the state without court permission?
 Yes No Date of order: _____

I swear, under penalty of perjury, that the information provided above is true and correct to the best of my knowledge. I understand that providing false information to the Court may result in a denial of my Petition or in a transfer of my Petition to the Juvenile Court of Gwinnett County.

Signature of Guardian(s) _____ Date _____
_____ Date _____

Signed and sworn to or affirmed before me
This _____ day of _____, 20____.

CLERK OF PROBATE COURT / NOTARY PUBLIC (SEAL)

Name Printed: _____
My Commission Expires: _____