

# CONFIDENTIAL (DO NOT ATTACH TO PETITION)

KTGC-212

PERSON FILING PAPERS <i>(Name and address, include Karuk Tribal Bar # if applicable):</i>		FOR COURT USE ONLY	
TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____			
E-MAIL ADDRESS <i>(Optional)</i> : _____			
ATTORNEY FOR <i>(Name)</i> : _____			
<b>KARUK TRIBAL COURT</b>			
STREET ADDRESS: _____			
MAILING ADDRESS: P.O. Box 629			
CITY AND ZIP CODE: Yreka, CA 96097			
TELEPHONE NO.: (530) 842-9228		FAX NO.: (530) 842-9227	
GUARDIANSHIP OF <i>(Name):</i> _____		CASE NUMBER: _____	
		MINOR	
<b>CONFIDENTIAL GUARDIAN SCREENING FORM</b>		HEARING DATE AND TIME: _____	DEPT.: _____
Guardianship of <input type="checkbox"/> Person <input type="checkbox"/> Estate			

**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. 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.)*

GUARDIANSHIP OF (Name):   <div style="text-align: right;">MINOR</div>	CASE NUMBER:   
--	--------------------------

- 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 KTGC-210(A-PF)/KTGC-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.)*

<b>MINORS' CONTACT INFORMATION</b>		
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 Karuk Tribe 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.