

**Superior Court of Washington
County of Island**

In the Guardianship of:

Respondent(s).

No.

Cover Sheet for
Background Check
(Minor Guardianship Action)
(CIF)

CONFIDENTIAL
Clerk's Action Required:

Attached is information for the purpose of conducting a Background Check for **the Petitioner(s), the proposed Guardian(s), all adults in the households of the Petitioner(s) or proposed Guardian(s), the minor child(ren) and any adult with significant contact with the minor child(ren)** based on the following information provided by the petitioner. This information shall be kept confidential and access shall be limited to the parties, the parties' attorneys, and the guardian ad litem. Use additional forms, if necessary, for additional children or adults.

NOTE: Failure to include all requested information may result in a delay in the entry of orders, if there is insufficient information to run a background check.

FORM SUBMITTED BY: _____
PRINT NAME

TELEPHONE # _____

CHILD(REN) INFORMATION	
1st Child's FULL Name (First, Middle, Last)	2nd Child's FULL Name (First, Middle, Last)
1st Child's Date of Birth (MO/DAY/YEAR)	2nd Child's Date of Birth (MO/DAY/YEAR)
1st Child's CURRENT Address	2nd Child's CURRENT Address
FOR COURT USE ONLY Background check attached / No information found	FOR COURT USE ONLY Background check attached / No information found
3rd Child's FULL Name (First, Middle, Last)	4th Child's FULL Name (First, Middle, Last)
3rd Child's Date of Birth (MO/DAY/YEAR)	4th Child's Date of Birth (MO/DAY/YEAR)
3rd Child's CURRENT Address	4th Child's CURRENT Address
FOR COURT USE ONLY Background check attached / No information found	FOR COURT USE ONLY Background check attached / No information found

PETITIONER INFORMATION	
1st Petitioner's FULL Name (First, Middle, Last) including former names or aliases	2nd Petitioner's FULL Name (First, Middle, Last) including former names or aliases
1st Petitioner's Date of Birth (MO/DAY/YEAR)	2nd Petitioner's Date of Birth (MO/DAY/YEAR)
1st Petitioner's CURRENT Address (also list	2nd Petitioner's CURRENT Address
1st Petitioner's Driver's License/ID No.	2nd Petitioner's Driver's License/ID No.
FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found	FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found

**PROPOSED GUARDIAN INFORMATION
(If Proposed Guardian is NOT also a Petitioner)**

1st Proposed Guardian's FULL Name (First, Middle, Last) including former names or aliases	2nd Proposed Guardian's FULL Name (First, Middle, Last) including former names or aliases
1st Proposed Guardian's Date of Birth (MO/DAY/YEAR)	2nd Proposed Guardian's Date of Birth (MO/DAY/YEAR)
1st Proposed Guardian's CURRENT Address	2nd Proposed Guardian's CURRENT Address
1st Proposed Guardian's Driver's License/ID No.	2nd Proposed Guardian's Driver's License/ID No.
FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found	

ADULT MEMBERS OF ANY PETITIONER'S HOUSEHOLD OR OF ANY PROPOSED GUARDIAN'S HOUSEHOLD (attach additional pages, if necessary)

FULL Name (First, Middle, Last) including former names or aliases	FULL Name (First, Middle, Last) including former names or aliases
Date of Birth (MO/DAY/YEAR)	Date of Birth (MO/DAY/YEAR)
CURRENT Address	CURRENT Address
Driver's License/ID No.	Driver's License/ID No.
FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found	

ALL OTHER ADULTS (Age 18 & older) WITH SIGNIFICANT CONTACT WITH CHILD(REN)	
FULL Name (First, Middle, Last) including former names or aliases	FULL Name (First, Middle, Last) including former names or aliases
Date of Birth (MO/DAY/YEAR)	Date of Birth (MO/DAY/YEAR)
CURRENT Address	CURRENT Address
Driver's License/ID No.	Driver's License/ID No.
FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found	
FULL Name (First, Middle, Last) including former names or aliases	FULL Name (First, Middle, Last) including former names or aliases
Date of Birth (MO/DAY/YEAR)	Date of Birth (MO/DAY/YEAR)
CURRENT Address	CURRENT Address
Driver's License/ID No.	Driver's License/ID No.
FOR COURT USE ONLY Case type 6 checked <input type="checkbox"/> Background check attached / No information found	