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Rule 7.11—Form 2: ***Background Check Information for a Proposed Guardian of a Protected Person***

Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a protected person, and requires the proposed guardian to pay the background check fee ($15.00). *Note: The clerk of court will keep this information form* ***confidential****.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Guardianship for a Protected Person with the clerk of court.

If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Background Check Information for a Proposed Guardian of a Protected Person** Iowa Code § 633.564

Guardian states as follows:

1. Proposed Guardian's personal information

A. Current legal name

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

B. Personal identifying information

___/___/___	_____	___-___-___
Date of birth (month/day/year)	*Gender*	*Social security number*

C. All other names ever used (including any other previous legal names and nicknames)

Alternate name #1	_____	_____	_____
	Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #2	_____	_____	_____
	Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

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Alternate name #3	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #4	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #5	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #6	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #7	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #8	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #9	*Full first name*	*Full middle name (write "N/A" if no middle name)*	*Full last name*

2. Certification and release authorization

Certification: I confirm that the information provided above is true and correct.

Release Authorization: I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

Signature of proposed guardian	*Month*	*Day*	*Year*

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*