



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY		TRIBAL BAR NO:	FOR COURT USE ONLY
FIRST AND LAST NAME:			
STREET ADDRESS:			
CITY:			
STATE:			
ZIP CODE:			
PHONE:			CASE NO:
EMAIL:			PARTY 1 / PETITIONER:
ATTORNEY FOR (<i>Full Name</i>):			PARTY 2 / RESPONDENT:
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002			
☐ TEMPORARY GUARDIANSHIP ☐ INDEFINITE GUARDIANSHIP ☐ EMERGENCY GUARDIANSHIP			
IN RE: GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF (<i>full name(s)</i>):			
(PROPOSED) WARD(S)			
CONFIDENTIAL GUARDIAN SCREENING FORM			
FILL OUT ONE FORM PER EACH PROPOSED GUARDIAN. TYPE OR PRINT USING BLACK OR BLUE INK.			
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. PROPOSED GUARDIAN'S INFORMATION

FULL LEGAL NAME:			
STREET ADDRESS:		APT:	PHONE:
CITY:	STATE:	ZIP:	EMAIL:

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IN THE WILTON RANCHERIA COURTS
WILTON RANCHERIA



CASE NO.:

DATE OF BIRTH (MM/DD/YYYY):	AGE:	SEX:	TRIBAL ID OR DRIVER LICENSE NUMBER:
TRIBAL AFFILIATION: ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA ☐ IS A MEMBER OF A WILTON RANCHERIA TRIBAL MEMBER FAMILY. ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN _____, A FEDERALLY RECOGNIZED TRIBE. ☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE.			

2. Have you, or any other person living in your home, been required to register as a sex offender under California Penal Code section 290? ☐ Yes ☐ No
3. Have you, or any other person living in your home, been charged with, arrested for, or convicted of a crime deemed to be a felony or a misdemeanor? ☐ Yes ☐ No
4. Have you, or any other person living in your home, had a restraining order or protective order filed against you/them in the last 10 years? ☐ Yes ☐ No
5. Are you, or any other person living in your home, receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue? ☐ Yes ☐ No
6. Do you, or does any other person living in your home, have a social worker or parole or probation officer assigned to you/them? ☐ Yes ☐ No
7. Have you, or any other person living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, rape, molestation, or elder abuse or neglect? ☐ Yes ☐ No
8. ☐ I am ☐ I am not
aware of any reports alleging any form of child abuse, neglect, or molestation or elder abuse or neglect made to any agency charged with protecting children or elders or any other law enforcement agency regarding me or any other person living in my home.

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IN THE WILTON RANCHERIA COURTS
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CASE NO.:

9. Have you, or any other person living in your home, habitually used any illegal substances or abused alcohol?
☐ Yes ☐ No
10. Have you, or any other person living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol? ☐ Yes ☐ No
11. Do you or does any other person living in your home suffer from mental illness? ☐ Yes ☐ No
12. Do you suffer from any physical disability that would impair your ability to perform the duties of guardian?
☐ Yes ☐ No
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.
14. ☐ I have ☐ I have not
been previously appointed guardian, conservator, executor, or fiduciary in another proceeding.
15. ☐ I have ☐ I have not
been removed as guardian, conservator, executor, or fiduciary in any other proceeding.
16. ☐ I have ☐ I have not
filed for bankruptcy in the last ten (10) years.

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IN THE WILTON RANCHERIA COURTS
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CASE NO.:

ATTACHMENT TO CONFIDENTIAL SCREENING

IF YOU ANSWERED "YES," "I HAVE," "I HAVE OR MAY HAVE" to any of the above items numbered 2-16, explain in the attachment below. Be sure to label each item.

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☐ Other supporting documents (*for example, any court documents, medical letters, etc.*)

(List one title per box below. Be sure to label each attachment with the same title as listed below and organize the attachments in the same order as listed below):

17. CERTIFICATION

I certify, under penalty of perjury under the laws of Wilton Rancheria and the State of California, that the foregoing and all attachments are true and correct to the best of my knowledge and belief.

TYPED / PRINTED NAME:	SIGNATURE:	DATE:
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