

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Case No. \_\_\_\_\_

In re:

CONSENT FOR RELEASE OF INFORMATION  
FOR GUARDIANSHIP PROCEEDINGS

To be completed by proposed Guardian(s) and anyone over the age of 16 currently living in the household or expected to live in your household during the term of the guardianship.

Guardianship of \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, State & Country): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Last four digits of your Social Security #: \_\_\_\_\_

Other names I have used, if any: \_\_\_\_\_  
(Type or Print)

I, \_\_\_\_\_, hereby acknowledge and agree to a complete  
(Print Name of Applicant)

background check from any available state registry, including but not limited to the Child and Adult Abuse Registry, Vermont Crime Information Center, and National Sex Offender Registry. I understand the results of this check will be made available to the Probate Court for use in reviewing my suitability to be a guardian.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Interested Party

\_\_\_\_\_  
Printed Name