

Proposed Ward's Name: \_\_\_\_\_

File # \_\_\_\_\_ Clerk \_\_\_\_\_

**NOMINATED GUARDIAN'S CONSENT TO CRIMINAL BACKGROUND CHECK**

In conjunction with the legal action filed in that Court, I hereby authorize the Probate Court of Gwinnett County to ask for and receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any state or local criminal justice agency in any state in the United States or its territories, and in the Federal Bureau of Investigation.

I understand that Section 7 of the Privacy Act (found at 5 U.S.C. § 552a note [Disclosure of Social Security Number]) provides that "[I]t shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number." Sec. 7(a)(1).

"Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it." Sec. 7(b).

I understand that the purpose of providing my Social Security Number is to perform a criminal background check based on my application for guardianship under Title 29 of the Official Code of Georgia, Annotated, in order for this Court to determine my fitness to act as a guardian.

I further understand providing this number is voluntary and that, while no legal proceeding or service shall be denied by this office for declining to provide a Social Security number, failing to provide this number may result in a delay in issuance of a guardianship as name based searches often result in information which is not applicable to the applicant and which must be more closely scrutinized by the Court.

PLACE OF BIRTH

State: \_\_\_\_\_ City: \_\_\_\_\_ County or District \_\_\_\_\_ Country \_\_\_\_\_

FULL LEGAL PRINTED NAME

Last \_\_\_\_\_, First \_\_\_\_\_ Middle \_\_\_\_\_

PERSONAL IDENTIFIERS

Sex: \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

CURRENT PHYSICAL ADDRESS

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signed and sworn to or affirmed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE \_\_\_\_\_

CLERK/ NOTARY PUBLIC (SEAL)

Notary's name printed: \_\_\_\_\_

My commission expires: \_\_\_\_\_

