

**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 and to the petitioner, the respondent, and the respondent’s attorney.

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**