

DIVISION	TRIAL COURT OF MASSACHUSETTS JUVENILE COURT DEPARTMENT	DOCKET NO.
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Guardianship of Minor: _____

AUTHORIZATION FOR COURT ACTIVITY RECORD INFORMATION CHECK

I hereby authorize the Juvenile Court to conduct a court activity record information check to determine whether I have a criminal record. I understand the court activity record information check is intended for use by the court in conjunction with my petition for guardianship of the above named minor. I further understand that the court will not consider a petition for guardianship without conducting a court activity record information check of the guardian and the co-guardian, if applicable. Therefore, the information below is willingly supplied by me, and my signature indicates my permission for this record check to be completed.

Proposed Guardian's Name: _____
 Current Address: _____
 Social Security No.: _____
 Gender: _____ Date of Birth: _____
 Place of Birth: _____
 Maiden Name (if applicable): _____
 Other Names or Aliases used: _____
 Mother's Name: _____
 Father's Name: _____

Date: _____

 (Proposed Guardian's Signature)

NOTARIZATION

The above signed made oath before me on _____ that this authorization is her/his free act and deed.

Notary Public: _____
 Print Name: _____
 My Commission Expires: _____

FOR OFFICE USE ONLY

Results of CARI:	CARI Check Conducted on:
<input type="checkbox"/> Record (attached)	Date: _____
<input type="checkbox"/> No Record	Signature: _____
<input type="checkbox"/> Sealed Record	