

(Caregiver) _____

**Division of Child Protection and Permanency
Certification of Completed Background Checks
for Kinship Legal Guardianship**

I, _____, do hereby certify that:

1. I am a (specify position) _____ at the Division of Child Protection and Permanency.
2. I requested that certain background checks be conducted on (person) _____, (Social Security Number) _____, the (specify relationship) _____ of (name of minor) _____. The results are as follows:

Criminal History Record Check

Date of the record check _____ No record Positive results attached

Child Abuse Record Check

Date of the record check _____ No record Positive results attached

Domestic Violence Registry Check

Date of the record check _____ No record Positive results attached

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature: _____

Date: _____