

_____ [Caregiver]

Navigator Agency Certification of Requested Background Checks for Kinship Legal Guardianship

I, _____, do hereby certify that:

1. I am a _____ [specify position] at _____ [Agency].
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 Requested _____ (Results to be provided to court)

Domestic Violence Registry Check

Date Requested _____ (Results to be provided to court)

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. *R. 1:4-4.*

Signature: _____ Date: _____