Reference:   (Caregiver)

|  |  |
| --- | --- |
|  | **Navigator Agency**Certification of Requested Background Checksfor Kinship Legal Guardianship |

I, (agency staff) do hereby certify that:

1. I am a (specify position) at (agency).

2. I requested that certain background checks be conducted on (person),
the (specify relationship) of (name of minor). The results are as follows:

Criminal History Record Check

|  |  |  |  |
| --- | --- | --- | --- |
| Date record check completed |     | [ ]  No record | [ ]  Positive results attached |

Child Abuse Record Check

|  |  |  |  |
| --- | --- | --- | --- |
| Date record check completed |     | [ ]  No record | [ ]  Positive results attached |

Domestic Violence Central Registry Check

|  |  |  |  |
| --- | --- | --- | --- |
| Date record check completed |     | [ ]  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. *R.* 1:4-4.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |   | Date: |   |