

*Union County Surrogate's Court
2 Broad St.
Elizabeth, NJ 07207
(908) 527-4280*

There is a new requirement that before a Complaint for guardianship can be filed, the attached 'Certification of Criminal and Civil Judgment' needs to be completed by any proposed guardian. A background search will be done if the proposed guardian is not a parent or spouse of the alleged incapacitated person. Please include these pages with the Verified Complaint. If you are a parent or spouse, please complete pages 1 & 2 **only**. Any other proposed guardians, we will need pages 1, 2 & 3 completed.

Filing Attorney Information or Pro Se Litigant:

Name _____

NJ Attorney ID Number _____

Law Firm/Agency Name: _____

Address _____

Email Address _____

Telephone Number _____

In the Matter of _____,
an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

Civil Action
Certification of Criminal and
Civil Judgment History

I, _____, date of birth _____, hereby certify as follows:

This certification is made by me in support of an application for a declaration of incapacity and appointment of guardian for _____ ("the alleged incapacitated person"). I am seeking appointment by the court as guardian for the alleged incapacitated person. (Select either A or B and complete that section.)

A. I AM the alleged incapacitated person's parent, legal guardian (appointed by a Superior Court, Chancery Division, Family Part order before the alleged incapacitated person turned eighteen (18) years of age), or spouse, civil union or domestic partner.

In the last ten (10) years, I have not been convicted of a crime other than a traffic violation, and no civil judgments (including bankruptcy) have been entered against me. (Under N.J.S.A. 2C:52-27, expunged criminal records are deemed not to have occurred and shall not be disclosed.)

OR

In the last ten (10) years, I have been convicted of a crime other than a traffic violation, and/or have criminal charges pending against me, and/or a civil judgment (including bankruptcy) has been entered against me, as listed below (use extra pages if needed).

	Charge/Conviction/Civil Judgment	Date	Location
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

B. I AM NOT the alleged incapacitated person's parent, legal guardian (appointed by a Superior Court, Chancery Division, Family Part order before the alleged incapacitated person turned eighteen (18) years of age), or spouse, civil union or domestic partner.

I have never been convicted of a crime other than a traffic violation, and no civil judgments (including bankruptcy) have ever been entered against me. (Under N.J.S.A. 2C:52-27, expunged criminal records are deemed not to have occurred and shall not be disclosed.)

OR

At any time in the past, I have been convicted of a crime other than a traffic violation, and/or have criminal charges pending against me, and/or a civil judgment (including bankruptcy) has been entered against me, as listed below (use extra pages if needed).

	Charge/Conviction/Civil Judgment	Date	Location
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I understand that a criminal charge/conviction or civil judgment will not automatically disqualify me from appointment as guardian of the alleged incapacitated person. Rather, the court will consider whether the charge/conviction or judgment adversely affects my ability to perform the duties and responsibilities of guardianship in the best interests of the incapacitated person or estate.

The history listed above does not adversely affect my ability to perform the duties and responsibilities of guardianship in the best interests of the incapacitated person or estate because (use extra pages if needed):

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name

THE INFORMATION BELOW IS REQUIRED TO PROCESS THE GUARDIANSHIP APPLICATION. YOU MUST COMPLETE AND SIGN THIS PAGE, AND RETURN IT WITHIN FIVE (5) BUSINESS DAYS TO:

_____ COUNTY SURROGATE COURT
ADDRESS
CITY, STATE ZIP

PLEASE KEEP A COPY OF THIS PAGE FOR YOUR RECORDS.

I acknowledge that I have received a copy of New Jersey Judiciary Background Screening Policy for Proposed Guardians of Incapacitated Adults.

I understand that the confidential personal identifiers that I provide below will be used only for the background screening, and not for any other purpose.

County

Docket Number

Name of Proposed Guardian
(Last, First, Middle)

Alias, if any

Date of Birth

Social Security Number

Street Address

City, State ZIP

Telephone Number

Email Address

Signature

Date

Records of guardianship proceedings are excluded from public access pursuant to N.J. Court Rule 1:38-3(e). Confidential personal identifiers may be submitted on this form pursuant to Rule 1:38-7(b). This form shall be maintained as an administrative record excluded from public access pursuant to Rule 1:38-5(a).

New Jersey Judiciary Background Screening Policy
for Proposed Guardians of Incapacitated Adults (Revised)

Promulgated April 14, 2023 by Directive #06-23

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