**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Guardianship of: Respondent/s *(minors/children)* | **No.** **Cover Sheet for Criminal History(Guardianship)****(XCRIM)** |

**Cover Sheet for Criminal History
(Guardianship)**

I have asked the Washington State Patrol for the criminal history record on each adult living in my home. Attached are the records I received.

List all people whose records are attached:

1.

2.

3.

4.

5.

6.

*Submitted by (signature)* *Print name Date*