DEPARTMENT OF HUMAN SERVICES

DHS-8450-ENG 9-26

OFFICE OF INSPECTOR GENERAL - BACKGROUND STUDY DIVISION

Guardian/Conservator Maltreatment and Licensing Agency Checks

FEE: $50.00

Data Request Consent Form

Before the appointment of a guardian or conservator, or every five years after the appointment if the person continues to serve as a guardian or conservator, the Minnesota Judicial Branch requires the completion of maltreatment and licensing agency checks. Filling out and submitting this data request consent form provides the Minnesota Department of Human Services (DHS) with your consent to conduct those required checks.

All information on the data request consent form is required unless otherwise indicated. **Only typed forms are accepted.** For more information about this form, including where to send it, refer to the Instructions that follow. **If a fee waiver has been granted for the case, file the completed form with court administration.** Court administration will confirm there is a fee waiver on the case and will submit the consent form to DHS on behalf of the applicant. All questions regarding fee waivers and filing your form with court administration should be directed to your District Court. For questions about data privacy, refer to the Notice of Privacy Practices that follows.

Guardian/conservator

FIRST NAME	MIDDLE NAME	LAST NAME	
OTHER NAMES BY WHICH THE GUARDIAN/CONSERVATOR HAS BEEN KNOWN (IF ANY)			
STREET ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	GENDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CURRENT OR INACTIVE LICENSE (IF ANY) - INCLUDE LICENSING AGENCY NAME AND LICENSE/CREDENTIAL NUMBER			

Person subject to guardianship/conservatorship

If there is more than one person subject to guardianship/conservatorship, **type** their information on the following page and attach it to this one.

FIRST NAME	MIDDLE NAME	LAST NAME
COUNTY	COURT FILE NUMBER	

Consent and sign

I give consent to the Minnesota Department of Human Services (DHS) to conduct maltreatment and licensing agency checks on me as provided in Minn. Stat. § 524.5-118 & § 245C.033; and to release the results to the Minnesota Judicial Branch. By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minn. Stat. § 325L.07)

☐ I agree	ELECTRONIC SIGNATURE (type name)	DATE

OPTIONAL PAGE

Additional people subject to guardianship/conservatorship

Complete this page only if there are additional people subject to guardianship/conservatorship AND you are paying WITHOUT a fee waiver. If there is only one person subject to guardianship/conservatorship, or you are paying with a fee waiver, do not complete this page. Refer to District Court's Affidavit Regarding Background Checks for information about filing the results of a Background Check in multiple court cases.

Guardian/conservator information

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH

Second person subject to guardianship/conservatorship (if any)

COURT FILE NUMBER		COUNTY
LAST NAME	MIDDLE NAME	FIRST NAME

Third person subject to guardianship/conservatorship (if any)

COURT FILE NUMBER		COUNTY
LAST NAME	MIDDLE NAME	FIRST NAME

Fourth person subject to guardianship/conservatorship (if any)

COURT FILE NUMBER		COUNTY
LAST NAME	MIDDLE NAME	FIRST NAME

Fifth person subject to guardianship/conservatorship (if any)

COURT FILE NUMBER		COUNTY
LAST NAME	MIDDLE NAME	FIRST NAME

Guardian/conservator information

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH

FOR GOVERNMENT EMPLOYEES ONLY

COURT USE ONLY

The Minnesota Judicial Branch hereby certifies that a fee waiver (formerly in forma pauperis) has been granted in this case and pursuant to Minn. Stat. § 524.5-118, subd. 1(e), the court shall be responsible for payment of the application fee.

Certified by (printed name):

Certified by (signature):

Date Certified:

DHS USE ONLY

Results of the maltreatment and licensing agency check:

☐ No information found

☐ Maltreatment information included

☐ Board licensing information included

☐ Licensing Agency Check undetermined

☐ Maltreatment information found, but Notice of Determination unavailable
Type of maltreatment, date of substantiation, and county of determination:

DHS Staff Initials: Date Completed:

Instructions

Maltreatment and licensing agency check requirement

The maltreatment and licensing agency checks consist of:

- A review of Minnesota substantiated maltreatment records of vulnerable adults or minors held by DHS;
- A search of professional licensing agency databases listed in Minn. Stat. § 524.5-118 to determine if you currently or previously held a professional license and for your licensing agency records.

STEP 1: Complete the form

To request a maltreatment and licensing agency check, the guardian/conservator must complete this form. Please note:

- **Only typed forms are accepted. If you do not fully complete the form, or if you do not type it, your form will not be processed.**
- We recommend opening the form on a computer, not a phone. If you would like to use a public computer at a library or courthouse, we recommend calling the location ahead of time to make sure one will be available.
- If you have trouble opening the form, call DHS at 651-431-6620 or email dhs.netstudy2@state.mn.us. DHS staff are unable to provide legal advice or assistance.

STEP 2: Pay and submit the form

The form must be accompanied by $50 or, if there is a fee waiver ordered on the case, the form must be signed by court administration and submitted by court administration to DHS on the applicant's behalf. All information on the consent form is required unless otherwise specified. Only typed forms are accepted. The guardian or conservator must sign and date the consent form.

Payment WITHOUT a fee waiver

If you are paying for the maltreatment and licensing agency check yourself, include a check/money order for $50.00 made out to the Department of Human Services along with this form. NO CASH. **The fee is non-refundable.** Overpayments will not be returned. Forms submitted without payment will not be processed. One fee is required per guardian/conservator, regardless of how many people subject to guardianship/conservatorship are involved. Mail the form and the check/money order to:

Department of Human Services
Attn: Guardian Maltreatment and Licensing Agency Checks
PO Box 64172
St. Paul, MN 55164-0172

Payment WITH a fee waiver

If there is a fee waiver ordered on the case, the form must be signed by court administration and submitted by court administration to DHS on the applicant's behalf. All questions about fee waivers should be directed to your District Court.

STEP 3: Results

The Minnesota Judicial Branch (MJB) will review the results of the BCA criminal history check as well as the DHS maltreatment and licensing agency check. The MJB will determine whether to appoint someone as a guardian or conservator. Contact your District Court if you have questions about the results.

Notice of Privacy Practices

Because the Minnesota Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it or when you submit a signed consent to do so. This notice describes how your private information may be used, disclosed and how you may access your information.

Why is DHS asking me for my private information?

The Minnesota Judicial Branch requires maltreatment and licensing agency checks for guardians and conservators. Your private information is needed to conduct the maltreatment and licensing agency checks.

What information must I provide to complete these checks?

You are required to provide enough information to ensure accurate and complete maltreatment and licensing agency checks. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- email address;
- gender and date of birth; and
- Social Security number.

How will the information that I give be used?

The information will be used to perform a check to determine if you have been found responsible for substantiated maltreatment of a vulnerable adult or a minor in the state of Minnesota and to check for records related to any current or prior licensure you had or maintain. Maltreatment and licensing agency checks done in this process are classified as "private data" and cannot be shared without your consent except as explained in this notice.

What may happen if I provide the information?

Information found as a result of the maltreatment and licensing agency checks may be provided to the Minnesota Judicial Branch.

What if I refuse to provide the information?

If you refuse to provide your information, DHS will be unable to complete your maltreatment and licensing agency checks which may negatively impact your ability to be a guardian or conservator with the Minnesota Judicial Branch.

Who will DHS give my information to?

DHS will only share information about you as a result of the consent form you completed and as allowed or required by law. The identifying information you provide may be shared within DHS, with counties, the Minnesota Department of Health, and with licensing agencies listed in Minn. Stat. § 524.5-118 subd. 2a as needed to conduct the maltreatment and licensing agency checks. Your information will also be shared with the Minnesota Judicial Branch.

What information will DHS share with the Minnesota Judicial Branch?

If no substantiated maltreatment or current/prior licensing agency affiliation information records are returned from the required checks, the Minnesota Judicial Branch will receive a copy of your data request consent form indicating that no information was found. If DHS is unable to verify licensing agency status based on the information available, the Minnesota Judicial Branch will receive a copy of your data request consent form indicating that the licensing agency status is undetermined.

If substantiated maltreatment and/or current/prior licensing agency affiliation information/records are received, it may be provided to the Minnesota Judicial Branch along with a copy of your data request consent form. The Minnesota Judicial Branch will make the final decision about whether the information returned impacts your ability to be a guardian or conservator.

What are my rights about the information you have about me?

You have the right to be informed of the results of the maltreatment and licensing agency checks and to obtain from the court a copy of the results; and

You have the right to challenge the accuracy and completeness of information contained in the results under Minn. Stat. § 13.04, subd. 4.

How long will DHS keep my maltreatment and licensing agency checks information?

DHS will destroy any data collected on you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

What is the legal authority for DHS to conduct maltreatment and licensing agency checks?

Maltreatment and licensing agency checks are completed by DHS according to the requirements in Minn. Stat. § 524.5-118 and § 245C.033.

What if I think my privacy rights have been violated?

You may submit a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services
Privacy Official
PO Box 64998
St. Paul, MN 55164-0998