

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT IN AND FOR BROWARD
COUNTY, FLORIDA

IN RE: GUARDIANSHIP OF

CASE #

JUDGE:

_____/_____
APPLICATION FOR APPOINTMENT AS GUARDIAN

Pursuant to Section 744.3125 of the Florida Guardianship Law, the undersigned submits this Application for Appointment as Guardian of _____ (the Ward) and submits the following information (whenever the space is insufficient, attach additional pages):

1. Name: _____

2. Social Security Number: _____

3. Date and Place of Birth: _____

4. Residence address: _____

5. Mailing address: _____

6. U.S. Citizen? Yes ___ No ___

7. Employer's name and address: _____

Applicant's position: _____

8. Marital status and name of spouse, if any: _____

9. Home telephone number: _____

10. Length of residence in county wherein application is filed: _____

11. If currently serving as guardian for any other ward, list names of each ward, court file number(s), circuit court(s) in which the case(s) is/are pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: (attach additional pages if necessary) _____

12. Does applicant have any physical disabilities? Yes ___ No _____. If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian:

13. Has applicant ever been treated for the following:

- A. Mental condition? Yes ___ No ___
B. Alcohol? Yes ___ No ___
C. Drugs? Yes ___ No ___
D. Other? Yes ___ No ___

Nature of Condition: _____

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved: _____

14. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by Florida Statutes? Yes ___ No ___

15. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes ___ No ___

16. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ___ No ___

17. Has applicant ever been:

- A. Charged with a felony? Yes ___ No ___
B. Arrested for a felony? Yes ___ No ___
C. Convicted of felony? Yes ___ No ___
D. Entered a plea of guilty or no contest to a felony? Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

18. Has applicant ever been:

- A. Charged with any crime other than a felony? Yes ___ No ___
B. Arrested for any crime other than a felony? Yes ___ No ___
C. Convicted of any crime other than a felony? Yes ___ No ___
D. Entered a plea of guilty or no contest to a crime other than a felony? Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

19. Has applicant ever held a position which required bonding? Yes ___ No ___

20. Has applicant, in the past, ever served as guardian of a person or of a person's property?
Yes ___ No ___ If yes, please describe below, including reason for termination of fiduciary
position: _____

21. Has applicant ever been held in contempt of court or removed as a guardian? Yes ___ No ___
If yes, please describe below: _____

22. Has applicant ever filed for bankruptcy? Yes ___ No ___ If yes, please state date and
location of court: _____

23. What is applicant's relationship to the alleged incapacitated person (or ward , if renewal
application)? _____

24. Is applicant, or applicant's business or corporation or other business entity a creditor of or
providing professional, personal or business services to the incapacitated person? Yes ___ No ___
If yes, please furnish details: _____

25. Is applicant employed by a business, corporation or other business entity which is providing
professional, personal or business services to the incapacitated person? Yes ___ No ___
If yes, please furnish details: _____

26. Is applicant a health care provider for the alleged incapacitated person? Yes ___ No ___

27. Educational history of applicant:

	<u>Name and address</u>	<u>Degree</u>	<u>Date</u>
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High School: _____

College: _____

Other: _____

28. List applicant's employment experience for the past 10 years beginning with the most recent date:

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

29. Has applicant ever been discharged from employment? Yes ___ No ___ If yes, please explain: _____

30. Has applicant ever been a member of the armed forces of the U.S. ? Yes ___ No ___
If yes, what branch, dates and military serial number: _____

31. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

<u>Name and address</u>	<u>Telephone number</u>
_____	_____
_____	_____
_____	_____

32. Does applicant possess any special educational qualifications (financial, business, or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes ___ No ___ If yes, please describe: _____

33. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property? Yes ___ No ___ If yes, indicate when and where training was received. _____

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on _____, _____.

Applicant

IN THE CIRCUIT COURT OF THE SEVENTEENTH
JUDICIAL CIRCUIT IN AND FOR BROWARD
COUNTY, FLORIDA

IN RE: NONPROFIT CORPORATION
(Insert Name)

_____ /

DISCLOSURE STATEMENT

Pursuant to Section 744.3125, Florida Statutes, the undersigned submits this Disclosure Statement for the quarter beginning _____ and ending _____ and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name of Nonprofit Corporate Guardian: _____

2. Nonprofit Corporate Guardian's address:

3. This Nonprofit Corporation is organized under Florida law for (please circle one) religious or charitable purposes.

4. Nonprofit Corporate Guardian's phone number: _____

5. Professional Guardian's name and social security number:

6. If currently serving as guardian for any other ward, list names of each ward, court file number(s), circuit court in which the case(s) is/are pending, and whether the Nonprofit Corporate Guardian is acting as the limited or plenary guardian of the person and property or both:

7. Has the Nonprofit Corporation's Professional Guardian ever been treated for the following? If yes, please indicate which professional guardian.

A. Mental condition? Yes ___ No ___

B. Alcohol? Yes ___ No ___

C. Drugs? Yes ___ No ___

D. Other? Yes ___ No ___

Nature of Condition: _____

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved: _____

8. Has the Nonprofit Corporation's Professional Guardian listed ever been judicially determined to have committed abuse or neglect against a child as defined by Florida Statutes? Yes ___ No ___ If yes, please indicate which professional guardian _____

9. Has the Nonprofit Corporation's Professional Guardian ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes ___ No ___

10. Has the Nonprofit Corporation's Professional Guardian ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes ___ No ___

11. Has the Nonprofit Corporation's Professional Guardian ever been:

A. Charged with a felony? Yes ___ No ___

B. Arrested for a felony? Yes ___ No ___

C. Convicted of felony? Yes ___ No ___

D. Entered a plea of guilty or no contest to a felony? Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

12. Has the Nonprofit Corporation's Professional Guardian ever been:

A. Charged with any crime other than a felony? Yes ___ No ___

B. Arrested for any crime other than a felony? Yes ___ No ___

C. Convicted of any crime other than a felony? Yes ___ No ___

D. Entered a plea of guilty or no contest to a crime other than a felony? Yes ___ No ___

If yes, to any of the above, please furnish details, including type of offense, location and final disposition: _____

12. Has the nonprofit corporation's professional guardian ever been denied bond or had a bond forfeited? Yes ___ No ___ If yes, please provide details, including the name of surety and the date(s) _____

13. Has the nonprofit corporation's professional guardian ever been held in contempt of court or removed as guardian? Yes ___ No ___ If yes, please describe: _____

14. Has the nonprofit corporation's professional guardian ever filed bankruptcy? Yes ___ No ___ If yes, please state date and location of court: _____

15. Has the nonprofit corporation's professional guardian, or applicant's business, corporation or other business entity ever been a creditor of, or providing professional or business services to any incapacitated person prior to appointment as guardian?
Yes ____ No ____ If yes, please furnish details: _____

16. Has the nonprofit corporation's professional guardian ever been a health care provider for any alleged incapacitated person prior to appointment as guardian?
Yes ____ No ____

17. Educational history of the nonprofit corporation's professional guardian:

<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School _____		
College _____		
Other _____		

18. Has the nonprofit corporation's professional guardian received the minimum of 40 hours of instruction and training as required by Florida Statutes? Yes ____ No ____

19. Please list the nonprofit corporation's professional guardian's continuing education as required by Florida Statutes:

<u>Class</u>	<u>Credit Hours</u>	<u>Date</u>

20. List the names of all wards for whom the corporation is acting as guardian, the court file number and circuit court in which each case is pending and a statement as to whether the corporation is acting as limited or plenary guardian of the person or property or both, of each ward. _____

I hereby certify that the nonprofit corporation filing this disclosure statement is a nonprofit corporation organized for religious or charitable purposes under Florida law.

Under penalties of perjury I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Applicant's signature

Date