

IN THE CIRCUIT COURT FOR THE 17TH JUDICIAL  
CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: GUARDIANSHIP OF

Case Number

Judge:

\_\_\_\_\_ /

***APPLICATION FOR APPOINTMENT AS GUARDIAN***

Pursuant to §744.3125, Fla. Stat., 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?: \_\_\_\_\_

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 a 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

Name and Address

Degree

Date

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

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

Name and Address

Date

Reason for Leaving

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name and address

Telephone Number

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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. If the instruction and training was the professional guardianship class required by '744.1085 then please also state whether you have taken the professional guardian competency examination. If you have taken the professional guardian competency examination, please attach proof that you passed the examination. Proof of passing the professional guardian competency examination is required only for initial applications. \_\_\_\_\_

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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 \_\_\_\_\_, 20\_\_\_\_

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Applicant