ANNUAL PROFESSIONAL GUARDIANSHIP INVESTIGATION CHECKLIST

(including employees of a professional guardian pursuant to §744.3135, Fla. Stat.)

This form must be submitted annually by all professional guardians and employees of a professional guardian with a fidicuary obligation to a ward. Please make sure to "x" or "check" the appropriate boxes.

A separate form for each employee is required.

Name of Guardian/Employee Applicant _____

Any other name used by Applicant/Employee _____

Address of Applicant _____

Street Address City State Zip

Applicant SS# _____ Applicant DOB _____

Applicant Race _____ Applicant Sex _____

Applicant Spouse's Name _____

Applicant Child(ren) Names _____

Name of Professional Guardian Employer _____

1	Investigation Checklist			
2	Application for Appointment	( ) Attached	( ) Not Applicable	
3	Disclosure Statement for Not for Profit	( ) Attached	( ) Not Applicable	
4	Employee Statement	( ) Attached	( ) Not Applicable	
5	Fingerprint Card	( ) Attached	( ) Waived by Court Order	
6	Check payable to FDLE for $53.25	( ) Attached	( ) Waived by Court Order	
7	Check payable to Clerk of Court for $50.00 (Court Monitor Criminal/Credit Investigation)	( ) Attached	( ) Waived by Court Order	
8	Check payable to Clerk of Court for $7.50 (Professional Guardian Processing Fee)	( ) Attached		
9	Registered with SPGO (Statewide Public Guardianship Office)	( ) Yes	( ) No	
10	Attached is a list of employees who owe a fidicuary responisiblity to the ward	( ) Yes	( ) No	( ) Not Applicable
11	Blanket Bond (If yes is checked, must include a copy of the bond)	( ) Yes	( ) No	( ) Not Applicable - employee
12	Request Copy of Court Monitor Results (If yes is checked, must include a self addressed stamped envelope and check in the amount of $1.00 payable to Clerk of Court)	( ) Yes	( ) No	

I hereby give my consent for a background check in accordance with Florida Statutes Chapter 744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children & Families background.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.

Applicant/Employee Signature _____ Date _____

(Effective July 1, 2006)