

MANDATORY CHECKLIST FOR GUARDIANSHIP APPLICATIONS

This form must be submitted with every application package for ALL guardians. Please be sure to "X" every line in your section.

CASE NAME (If Applicable): _____ CASE # (If Applicable) _____ JUDGE (If Applicable): _____
 (Please Print)

GUARDIAN APPLICANT: _____ FORMER NAME: _____
 (Please Print) (Please Print)

GUARDIAN APPLICANT'S ADDRESS: _____
 (Street Address) (City) (State) (zip)

APPLICANT'S SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ SEX: _____ RACE: _____

SPOUSE'S NAME: _____ CHILDREN'S NAMES: _____

EMPLOYER: _____ EMPLOYER CONTACT NAME: _____ EMPLOYER CONTACT PHONE: _____

NONPROFESSIONAL GUARDIANS			
Please "X"			
1. Application Package	() Initial	() Annual	
2. Fingerprint Card	() Attached	() Annual	() Sent Directly to FDLE () Exempt
3. \$47.00 Fingerprint Card Processing Fee	() Attached	() Annual	() Sent Directly to FDLE () Exempt
4. \$50.00 Court Monitor Investigatory Fee	() Attached	() Exempt	
5. Application for Appointment	() Attached		
<p>Items 2 - 3 are not required for annual reinvestigation, please "X" annual. Items 2 - 4 are not required if exempt by law or court order, please "X" exempt.</p> <p>I hereby give my consent for a background check in accordance with Florida Statutes chapter s.744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children & Families background.</p> <p>Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.</p>			
_____ Guardian Signature		_____ Date	

PROFESSIONAL GUARDIANS & EMPLOYEES PER 744.3135			
Please "X"			
1. Application Package	() Initial	() Within the past year	() Annual
2. Fingerprint Card	() Attached	() Within the past year	() Sent directly to FDLE
3. \$47.00 Fingerprint Card Processing Fee	() Attached	() Within the past year	() Sent directly to FDLE
4. \$50.00 Court Monitor Investigatory Fee	() Attached	() Within the past year	
5. \$5.00 Clerk's Office Processing Fee	() Attached		
6. App. for Appointment/Disclosure State.*	() Attached	() Employee	
7. A copy of the Court Monitor's result sheet indicating approval within the past year.	() Attached	() Annual Reinvestigation	
8. Registered with Statewide Public Guardianship Office	() Yes	() No	
9. Attached list of employees who owe a fiduciary responsibility to the ward in accordance with 744.3135	() Yes	() No	() Not Applicable
<p>Professional Guardians submitting item 7 need not submit items 2 - 4. Please "X" within the past year. * Nonprofit corporate guardians shall file a disclosure statement in lieu of an application for appointment.</p> <p>I hereby give consent for a background check in accordance with Florida Statutes chapter s.744 to include, but may not be limited to, a check of my credit, FDLE, FBI, employment, Statewide Public Guardianship Office, and Department of Children & Families background.</p> <p>In addition, all employees of a professional guardian also consent to all background information being disclosed to their employer.</p> <p>Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.</p>			
_____ Guardian / Employee Signature		_____ Date	

Guardians are encouraged to submit their fingerprint card and fees directly to the Clerk's office. If you submit your card and fees directly to the Clerk's office, please be sure to send two separate checks: (1) \$50 check made payable to the Clerk of Courts, \$55 if a professional guardian and (2) \$47 check made payable to FDLE

As a courtesy, there will be a deputy fingerprinting in Judge Grossman's chambers, Monday-Thursday from 2-4 and Fridays from 9-4.

Deputy Clerk's Signature _____ Date _____