

IN THE CIRCUIT COURT OF THE IN AND FOR COUNTY

IN RE: NONPROFIT CORPORATION

_____ /

DISCLOSURE STATEMENT

Pursuant to § 744.3125, Fla. Stat., the undersigned submits this Disclosure Statement for the quarter beginning _____ and ending _____ and submits the following information

1. Name of Nonprofit Corporate Guardian:

2. Nonprofit Corporate Guardian's Address:

State:

Zip:

3. This Nonprofit Corporation is organized under Florida law for (please check one)

Religious Purpose

Charitable Purposes

4. Nonprofit Corporate Guardian's phone number:

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

6. Has the Nonprofit Corporation's Professional Guardian ever been treated for the following?

a. Mental condition? Yes No

Nature of Condition:

If yes was answered to the above:

| Date | Location of Treatment | Name of Physician/Professional |
|------|---------------------------------------|--------------------------------|
| | Name: Address: City, State, Zip | |

b. Alcohol? Yes No

Nature of Condition:

If yes was answered to the above:

| Date | Location of Treatment | Name of Physician/Professional |
|------|---------------------------------------|--------------------------------|
| | Name: Address: City, State, Zip | |

c. Drugs? Yes No

Nature of Condition:

If yes was answered to the above:

| Date | Location of Treatment | Name of Physician/Professional |
|------|---------------------------------------|--------------------------------|
| | Name: Address: City, State, Zip | |

d. Other? Yes No

Nature of Condition:

If yes was answered to the above:

| Date | Location of Treatment | Name of Physician/Professional |
|------|---------------------------------------|--------------------------------|
| | Name: Address: City, State, Zip | |

7. 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:

8. 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

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

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

a. Charged with a felony? Yes No

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

Offense: Location: Final Disposition:

b. Arrested for a felony? Yes No

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

Offense: Location: Final Disposition:

c. Convicted of felony? Yes No

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

Offense: Location: Final Disposition:

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

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

Offense: Location: Final Disposition:

11. 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

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

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:

| Name of High School/College/Other | Street Address | Date Degree Conferred | Degree |
|-----------------------------------|----------------|-----------------------|--------|
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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:

| Class | Credit Hours | Date |
|-------|--------------|------|
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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:

| Name of Ward | Court file number(s) | Circuit Court(s) in which the case(s) is/are pending | Corporation is acting as Limited or Plenary. |
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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

Name [_____]