

ANNUAL GUARDIANSHIP INVESTIGATION CHECKLIST FOR PROFESSIONAL GUARDIANS AND EMPLOYEES OF PROFESSIONAL GUARDIANS

This form must be submitted annually by all professional guardians and employees of professional guardians with a fiduciary obligation to a ward. Please check all the appropriate boxes. A separate form is required for each employee.

Name of Guardian Applicant/Employee _____
Any other name(s) used by Applicant/Employee _____
Applicant's/Employee's Address _____
Street City State Zip
Applicant's/Employee's SS# _____ Applicant's/Employee's DOB _____
Applicant's/Employee's Race _____ Applicant's/Employee's Sex _____
Corporate name of Applicant's/Employee's Employer _____
Name of Applicant's/Employee's Spouse _____
Name(s) of Applicant's/Employee's Child(ren) _____

To be filled out by Professional Guardians only:

- | | | | |
|--|---|-----------------------------|--|
| 1. Investigation Checklist | <input type="checkbox"/> Yes | | |
| 2. Application for Appointment | <input type="checkbox"/> Attached | | <input type="checkbox"/> Not Applicable |
| 3. Disclosure Statement for Not for Profit | <input type="checkbox"/> Attached | | <input type="checkbox"/> Not Applicable |
| 4. Employee Statement | <input type="checkbox"/> Attached | | <input type="checkbox"/> Not Applicable |
| 5. Fingerprints | <input type="checkbox"/> Submitted electronically | | <input type="checkbox"/> Waived by Court |
| 6. Investigation Fee in the amount of \$57.50, payable to the Broward County Clerk of Court
(Includes Court Monitor/Credit Investigation fee and Professional Guardian processing fee.) | <input type="checkbox"/> Attached | | <input type="checkbox"/> Waived by Court |
| 7. Registration with the Statewide Public Guardianship Office (SPGO) | <input type="checkbox"/> Yes | | <input type="checkbox"/> No |
| 8. A list of employees who owe a fiduciary responsibility to the Ward | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| 9. Blanket Bond
(If yes, include a copy of the bond.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Applicable |
| 10. Request a Copy of Court Monitor Results
(If yes, submit a self-addressed, stamped envelope and a check in the amount of \$1.00 payable to the Broward County Clerk of Court.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

I hereby acknowledge that I am aware of, have read, and agree to abide by the Fees and Expenses section of the 17th Judicial Circuit's Handbook for Guardians, as currently exists and as may be amended from time to time.

I hereby give my consent for a background check in accordance with chapter 744, Florida Statutes including, but not limited to, a credit history investigation, an FDLE, FBI, employment, and Department of Children and Families background check.

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

Applicant's/Employee's Signature
Name

Date