

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case Number: _____

IN RE: THE GUARDIANSHIP OF

(Name of Ward)

APPLICATION FOR APPOINTMENT AS GUARDIAN / GUARDIAN ADVOCATE

The undersigned hereby submits this Application for Appointment as Guardian / Guardian Advocate of _____ (the Ward), pursuant to sections 744.3125 and 393.12, Florida Statutes, and submits the following information:¹

1. Name: _____
2. Social Security Number: _____
3. Date and place of birth: _____
4. Residence address: _____
Street City State Zip
5. Mailing address: _____
Street City State Zip
6. E-mail address: _____
7. U.S. citizen? Yes No
8. Employer's name and address: _____
Name Street City State Zip
(If self-employed provide corporate or d/b/a title)
 - Applicant's position: _____
 - Professional license number: _____
9. Please specify if:
Unemployed Yes No Retired Yes No Homemaker Yes No
10. Marital status: _____

¹ Please ensure that all questions are answered or otherwise the application is subject to rejection.

If married, name of spouse: _____

11. Home telephone number: _____

12. Length of residence in county where application is filed: _____

13. Does Applicant currently serve as guardian for another ward? Yes No

If yes, provide the following information for each ward (If needed, insert more pages):

Ward #1

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited

Ward #2

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited

Ward #3

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited

Ward #4

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited

Ward #5

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited

14. Does the Applicant have any physical disabilities? If yes, describe and state whether they may affect to any extent the Applicant's ability to serve as a guardian.

15. Has applicant ever been diagnosed with and treated for any of the following:

a. Mental illness? Yes No

If yes, provide date, location of treatment, name of treating physician or professional, and specify if psychotropic medication was prescribed and if Applicant is compliant with the prescribed medication regimen:

Date	Location	Name of treating physician/professional
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b. Alcohol abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
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c. Drug abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
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d. Other? Yes No

If yes, describe condition, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
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16. Has Applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined in sections 39.01 or 984.02, Florida Statutes? Yes No

17. Has Applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes No

18. Has Applicant ever been:

a. Charged with a felony? Yes No

If yes, specify type of offense, location, and final disposition:

b. Arrested for a felony? Yes No

Check yes even if the record of your arrest was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. If yes, specify type of offense, location, and final disposition:

c. Convicted of a felony? Yes No

Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. If yes, specify type of offense, location, and final disposition:

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

If yes, specify type of offense, location, and final disposition:

19. Has applicant ever been:

a. Charged with any crime other than a felony? Yes No

If yes, specify type of offense, location, and final disposition:

b. Arrested for any crime other than a felony? Yes No

If yes, specify type of offense, location, and final disposition:

c. Convicted of any crime other than a felony? Yes No

If yes, specify type of offense, location, and final disposition:

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

If yes, specify type of offense, location, and final disposition:

20. Has Applicant ever held a position which required bonding? Yes No

21. Has Applicant ever served as guardian of a person or of a person's property?

Yes No

If yes, describe and specify reason for termination of fiduciary position:

22. Has Applicant ever been held in contempt of court or removed as a guardian?

Yes No

If yes, specify the reason(s):

23. Has Applicant ever filed for bankruptcy? Yes No

If yes, specify date and location of court:

24. Specify Applicant's relationship with the alleged incapacitate person (or Ward).

25. Is Applicant or Applicant's business, corporation or other business entity a creditor of, or providing professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details:

26. Is Applicant employed by a business or corporation that provides professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details:

27. Is Applicant a health care provider for the alleged incapacitated person (or Ward)?

Yes No

28. List Applicant's educational history (If needed, insert more pages):

School #1

Name of School/College/Other: _____

Street address: _____ City: _____ State: _____ Zip: _____

Date degree conferred: _____

Degree: _____

School #2

Name of School/College/Other: _____
Street address: _____ City: _____ State: _____ Zip: _____
Date degree conferred: _____
Degree: _____

School #3

Name of School/College/Other: _____
Street address: _____ City: _____ State: _____ Zip: _____
Date degree conferred: _____
Degree: _____

29. List Applicant's employment history for the past five years in reverse chronological order
(If needed, insert more pages):

Employer #1

Name of Company: _____
Street address: _____ City: _____ State: _____ Zip: _____
Beginning date: _____
Ending date: _____
Reason for leaving: _____

Employer #2

Name of Company: _____
Street address: _____ City: _____ State: _____ Zip: _____
Beginning date: _____
Ending date: _____
Reason for leaving: _____

Employer #3

Name of Company: _____
Street address: _____ City: _____ State: _____ Zip: _____
Beginning date: _____
Ending date: _____
Reason for leaving: _____

Employer #4

Name of Company: _____

Street address: _____ City: _____ State: _____ Zip: _____

Beginning date: _____

Ending date: _____

Reason for leaving: _____

30. Has Applicant ever been discharged from employment? Yes No

If yes, provide explanation: _____

31. Has Applicant ever been a member of the armed forces of the U.S.? Yes No

If yes, provide the following information:

Branch: _____

Release date: _____

Military Serial #: _____

32. Provide the names, addresses, and telephone numbers of three responsible persons (excluding relatives or spouse) who have been closely associated with Applicant and who have known Applicant for at least five years:

Reference # 1

Name of referee: _____

Street address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Number of years known: _____

Reference # 2

Name of referee: _____

Street address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Number of years known: _____

Reference # 3

Name of referee: _____

Street address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____

Number of years known: _____

33. Does Applicant have any special educational qualifications (financial, business, or other) that uniquely qualify Applicant to be appointed as guardian? Yes No

If yes, describe the qualifications:

34. Has Applicant complied with the guardian education requirements set forth in section 744.3145, Florida Statutes? Yes No

If yes, indicate when and where the training was received:

UNDER PENALTIES OF PERJURY I declare that I have read the foregoing application and the facts alleged are true, to the best of my knowledge and belief.

Date Signed by Applicant: _____ Applicant's Signature: _____