

**Attachment "A"**

IN THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA

In Re: Guardianship of  
\_\_\_\_\_

Case No.: \_\_\_\_\_  
Judge: \_\_\_\_\_

**FACT INFORMATION SHEET**

**PETITIONER INFORMATION**

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone Number (if known): \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_  
Counsel for Petitioner (Name/Number/Email): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT INFORMATION**

Full Legal Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone Number (if known): \_\_\_\_\_  
Primary Spoken Language: \_\_\_\_\_  
Attending/Family Physician (Name & Address, if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESPONDENT'S NEXT OF KIN INFORMATION**

Full Legal Name: \_\_\_\_\_  
Date of Birth (minors only): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone Number (if known): \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_  
  
Full Legal Name: \_\_\_\_\_  
Date of Birth (minors only): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone Number (if known): \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Date of Birth (minors only): \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Relationship to Respondent: \_\_\_\_\_

---

**UNDER PENALTY OF PERJURY, I SWEAR OF AFFIRM THAT I HAVE READ THE FOREGOING FACT INFORMATION SHEET AND THE FACTS STATED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Affiant's signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Print name and address of Affiant

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_ Personally known

\_\_\_ Produced identification

Print, type or stamp commissioned  
name of Notary Public / Deputy Clerk

Type of identification: \_\_\_\_\_