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.

***Any attorney who files this Mandatory Checklist acknowledges that they are 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.

Name of Guardian Applicant/Employee	
Any other name(s) used by Applicant/Employe	ee
Applicant's/Employee's Address	
Street	City State Zip
Applicant's/Employee's SS#	
Applicant's/Employee's Race Corporate name of Applicant's/Employee's Employer	Applicant's/Employee's Sex
Name (a) of Applicant's (Employee's Child(rep)	
To be filled out by Professional Guardians only:	
1. Investigation Checklist Yes	
2. Application for Appointment	d Not Applicable
3. Disclosure Statement for Not for Profit	_ ''
4. Employee Statement Attache	
	ted electronically
6. Investigation Fee in the amount of \$57.50, payable to the E	Broward County Clerk of Court
(Includes Court Monitor/Credit Investigation fee and Profession	onal Guardian processing fee.)
☐ Attache	ed Waived by Court
7. Registration with the Statewide Public	□ No
Guardianship Office (SPGO)	
8. A list of employees who owe a fiduciary responsibility to th	
☐ Yes	☐ No ☐ Not Applicable
9. Blanket Bond Yes	☐ No ☐ Not Applicable
(If yes, include a copy of the bond.)	
10. Request a Copy of Court Monitor Results Yes	□ No
(If yes, submit a self-addressed, stamped envelope and a ch	neck in the amount of \$1.00 payable to the
Broward County Clerk of Court.)	roo to shide by the Fees and Expenses section of the 17th
I hereby acknowledge that I am aware of, have read, and agree to abide by the Fees and Expenses section of the 17 th Judicial Circuit's Handbook for Guardians, as currently exists and as may be amended from time to time.	
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I hereby give my consent for a background check in accord	ance with chapter 744, Florida Statutes including, but not
limited to, a credit history investigation, an FDLE, FBI, employ	
check.	
Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.	
Applicant's/Employee's Signature	Date
Name	