

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): _____

Does the Petitioner object to examining committee members performing remote evaluations of the alleged incapacitated individual?

YES _____

NO _____

RESPONDENT INFORMATION

Full Legal Name: _____

Date of Birth: _____

County of Residence: _____

Present Address (indicate if private residence, ALF, nursing facility, or hospital): _____

**Permitting visitors?*

YES _____

NO _____

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 _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___, by _____.

Notary Public or Deputy Clerk

___ Personally known

___ Produced identification

Print, Type or Stamp Commissioned Name of Notary Public / Deputy Clerk

Type of identification: _____