## IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

## IN RE: NONPROFIT CORPORATION (Insert Name)

	/		
	DISCLOSURE S	<u>TATEMENT</u>	
the q and s	uant to ' 744.3125, Fla. Stat., the undersig uarter beginning submits the following information (when h additional pages):	and ending	
1.	Name of Nonprofit Corporate Guardi	an	
2.	Nonprofit Corporate Guardian's Add	ress	
3.	This Nonprofit Corporation is organiz one) Religious or Charita		v for (please circle
4.	Nonprofit Corporate Guardian's phone number		
5.	Professional Guardian's name and social security number		
6.	Has the Nonprofit Corporation's Profe the following? If yes, please indicate		
	a. Mental condition?	Yes	No
	b. Alcohol?	Yes	No
	c. Drugs?	Yes	No
	d. Other?	Yes	No
	Nature of Condition		

If yes was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved\_\_\_\_\_

7.	Has the Nonprofit Corporation's Professional Guardian listed ever been judicially determined to have committed abuse or neglect against a child as		
	defined by Florida Statutes? Yes No		

If yes, please indicate which professional guardian\_\_\_\_\_

8. Has the Nonprofit Corporation's Professional Guardian ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes?

Yes \_\_\_\_\_ No\_\_\_\_\_

9. Has the Nonprofit Corporation's Professional Guardian ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding?

Yes \_\_\_\_\_ No\_\_\_\_

felony?

10. Has the Nonprofit Corporation's Professional Guardian ever been

a.	Charged with a felony?	Yes	No
b.	Arrested for a felony?	Yes	No
c.	Convicted of felony?	Yes	No
d.	Entered a plea of guilty or no contest to a	Yes	No

If yes, to any of the above, please furnish details, including type of offense, location and final disposition\_\_\_\_\_

11. Has the Nonprofit Corporation's Professional Guardian ever been:

a. Charged with any crime other than a felony?	Yes	No	_
b. Arrested for any crime other than a felony?	Yes	No	_
c. Convicted of any crime other than a felony?	Yes	No	_

	-	plea of guilty or no contest to a than a felony?		No
12.	-	ofit corporation's professional been denied bond or had a ?		No
	If yes, please p	provide details, including the r	name of surety	and the date(s)
13.	-	ofit corporation's professional ourt or removed as guardian?	0	
	If yes, please c	lescribe		
14.	Has the nonprofit corporation's professional guardian ever filed bankruptcy? Yes No			
	If yes, please state date and location of court			
15. Has the nonprofit corporation's professional guardian, or applicant's bu corporation or other business entity ever been a creditor of, or providing professional or business services to any incapacitated person prior to appointment as guardian? Yes No			f, or providing	
	If yes, please	furnish details		
16.	Has the nonprofit corporation's professional guardian ever been a health care provider for any alleged incapacitated person prior to appointment as guardian? Yes No			
17.		istory of the nonprofit corpora	tion's professi	onal guardian
		Name and Address	Degree	Date
High	School		0	
Colle				
	0			
Other	-			

- Has the nonprofit corporation's professional guardian received the minimum of 40 hours of instruction and training as required by Florida Statutes?
  Yes \_\_\_\_\_ No\_\_\_\_\_
- 19. Please list the nonprofit corporation's professional guardian's continuing education as required by Florida Statutes

Class	Credit Hours	Date

20. List the names of all wards for whom the corporation is acting as guardian, the court file number and circuit court in which each case is pending and a statement as to whether the corporation is acting as limited or plenary guardian of the person or property or both, of each ward.

I hereby certify that the nonprofit corporation filing this disclosure statement is a nonprofit corporation organized for religious or charitable purposes under Florida law.

Under penalties of perjury I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Applicant's signature

Date