PROFESSIONAL GUARDIANSHIP CHECKLIST FOR ADDITIONAL APPOINTMENTS DURING CALENDAR YEAR _____

This form must be submitted for each additional case in which the Professional Guardian seeks appointment as a guardian during the calendar year specified above. Please check all the applicable boxes.

In Re: The Guardianship of					
Case #:		Division:	Division:		
Format Must Be PRCYYNNNN	NNN				
Name of Guardian Applicant:					
Address of Guardian Applicant:					
	Street	City	State	Zip	
1. Professional Guardian Checkl					
2. Copy of the Court Monitor's A			Attached		
3. \$7.50 Investigation Fee, paya		ward County Clerk of Cou			
(Professional Guardian Proces 4. Registration with the Statewid		dianchin Office (SPCO)			
5. Blanket Bond	e Fublic Guard	dianship Office (SFGO)	☐ Yes ☐ No		
	ankat band)		☐ res ☐ No		
(If yes, attach a copy of the bl	ariket borid.)			_	
I hereby give my consent for a background check in accordance with chapter 744, Florida Statutes including, but not limited to, a credit history investigation, an FDLE, FBI, employment, and Department of Children and Families background check. Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.					
Guardian Applicant's Signature			Date		
Name (Date		