



13. Has applicant ever been treated for the following:
- |                      |           |          |
|----------------------|-----------|----------|
| 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: \_\_\_\_\_  
\_\_\_\_\_

14. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give date and complete details: \_\_\_\_\_  
\_\_\_\_\_

15. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075 of the Florida Statutes? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give date and complete details: \_\_\_\_\_  
\_\_\_\_\_

16. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give date and complete details: \_\_\_\_\_  
\_\_\_\_\_

17. Has applicant ever been charged with, arrested for or convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please furnish details including date, type of offense, location, and final disposition: \_\_\_\_\_  
\_\_\_\_\_

18. Has applicant ever been charged with, arrested for, or convicted of any other crimes? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please furnish details including date, type of offense, location, and final disposition: \_\_\_\_\_  
\_\_\_\_\_

19. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please describe position, date, amount of bond and name of surety: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Has applicant, in the past, ever served as guardian of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, please describe below, including reason for termination of fiduciary position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Has applicant ever been held in contempt of court or removed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please describe below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please state date and location of court: \_\_\_\_\_  
\_\_\_\_\_

23. What is applicant's relationship to the alleged incapacitated person? \_\_\_\_\_

24. Is applicant, or applicant's business, corporation or other business entity a creditor of, or providing professional, personal or business services to the incapacitated person? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. Is applicant employed by a business, corporation or other business entity that is providing professional, personal or business services to the incapacitated person? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Is applicant a health care provider for the alleged incapacitated person? Yes \_\_\_\_\_ No \_\_\_\_\_.  
\_\_\_\_\_

27. Educational history of applicant:  
Name and Address Degree Date  
High School \_\_\_\_\_  
College: \_\_\_\_\_  
Other: \_\_\_\_\_

28. List applicant's employment experience for the past ten (10) years beginning with the most recent date:  
Name & Address Date Reason for Leaving  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Has applicant ever been discharged from employment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

30. Has applicant ever been a member of the Armed Forces of the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, provide branch, dates of service and military serial number: \_\_\_\_\_

\_\_\_\_\_

31. PERSONAL REFERENCES: Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

Name & Address	Telephone Number
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_____	_____
_____	_____
_____	_____

32. Does applicant possess any special educational qualifications (financial, business, or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please describe below: \_\_\_\_\_

\_\_\_\_\_

33. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property? Yes \_\_\_\_\_ No \_\_\_\_\_. If so, indicate when and where training was received. \_\_\_\_\_

\_\_\_\_\_

I certify that a copy of this Application for Appointment as Guardian was served upon the following persons at the addresses shown, by first class United States Mail:

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.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant