IN THE CIRCUIT COURT FOR THE 14TH JUDICIAL CIRUICT, STATE OF FLORIDA

IN RE: GUARDIANSHIP OF

CASE	NO:	
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APPLICATION FOR APPOINTMENT AS GUARDIAN/GUARDIAN ADVOCATE

Pursuant to Section 744.3125, Florida Statutes, the undersigned submits this Application for Appointment of Guardian/Guardian Advocate of ______ (the Ward) and submits the following information (whenever the provided is insufficient, attach additional pages): 1. Name:

- 1. Name: 2. Social Security Number: ______
- 3. Date and Place of Birth:
- 4. Residence Address:
- 5. Mailing Address:

6. U.S. citizen? Yes _____ No_____

- 7. Employer's name and address:
- 8. Marital status and name of spouse, if any:

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- 9. Home telephone number:
- 10. Length of residence in county wherein application is filed:
- 11. If currently serving as guardian for any other ward, list names of each ward, case number(s), circuit court(s) where case(s) is/are pending and whether each guardianship is limited or plenary:

12. Does applicant have any physical disabilities? Yes _____ No_____. If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian: _____

13.	Has applicant ever been a. Mental condition? b. Alcohol?	n treated for the following: Yes No Yes No
	c. Drugs?	Yes No
	d. Other?	Yes No
	Nature of condition:	
	If "yes" was answe	ered to any of the above, please
	state date, time, locat physician or profession	tion of treatment and name of nal involved:
14.	committed abuse or negl by the Florida Statutes	n judicially determined to have Lect against a child as defined s? Yes No ye date and complete details:
15.	Has applicant ever been	n the subject of a confirmed
	report of abuse, neglec been uncontested or uph of Sections 415.104 and	ct, or exploitation which has held pursuant to the provisions d 415.1075 of the Florida o If yes, please give
16.	Has applicant ever been misrepresentation or pe administrative proceedi yes, please give date a	erjury in a judicial or ing? Yes No If
17.	convicted of a felony? please furnish details	A charged with, arrested for or YesNo If yes, including date, type of offense, sposition:
18.	convicted of any other	tails including date, type of
19.	Has applicant ever held	d a position which required

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, eve	er served as	guardian of
	a person or of	a person's prop	erty? Yes _	No
	_ · _	e describe below	. 2	reason for
	termination of	fiduciary posit.	ion:	

21.	Has app	licant	ever	been	held	in	contempt	of	court	or
	removed	as gua	ardian	n? Ye	es		No	. 1	If yes,	
	please describe below			low:						

- 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:

27.	Educational	history	of applicant:		
		Name	and Address	Degree	e Date
	High School				
	College:				
	Other:				
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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 <u>No</u>. 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
- 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 <u>No</u>. 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