

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA PROBATE DIVISION

REF #: - -GD - Section 003

IN RE: The GUARDIANSHIP of _____

APPLICATION FOR APPOINTMENT AS GUARDIAN OR GUARDIAN ADVOCATE

Pursuant to Sections 744.3125 and 393.12 of the Florida Statutes, the undersigned submits this Application for Appointment as Guardian or Guardian Advocate of _____ and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Applicant's Full Name: _____

2. Specify Applicant's relationship with the alleged incapacitated person/developmentally Disabled person (or Ward):

_____.

3. Applicant's Social Security Number: _____ - _____ - _____

4. Date and place of birth: _____

5. Residence address: _____
Street City State Zip

6. Mailing address _____
Street City State Zip

7. E-mail address: _____

8. U.S. citizen? Yes No

9. Employer's name and address:

Name Street City State Zip

(If self-employed provide corporate or d/b/a title)

• Applicant's position: _____

• Professional license number (if any): _____

10. Please specify if:

Unemployed Yes No Retired Yes No Homemaker Yes No

11. Marital status: Married Divorced Single

If married, name of spouse: _____

12. Home telephone number: _____

13. Length of residence in county where application is filed: _____

14. Do you serve as Guardian for another ward? Yes No

15. If Yes, provide Ward(s) information below:

Ward #1

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited Guardian Advocacy

Ward #2

Name of Ward: _____

Case number: _____

Circuit Court: _____

Guardianship type: Plenary Limited Guardian Advocacy

16. Are you a Professional Guardian registered with the Office of Public and Professional Guardians?

Yes No If Yes, then attach a complete list of your current wards, location of guardianship and case number to this application.

17. Does the Applicant have any physical disabilities? If yes, describe and state whether they may affect to any extent the Applicant's ability to serve as a guardian.

Has applicant ever been diagnosed with and treated for any of the following:

a. Mental illness? Yes No

If yes, provide date, location of treatment, any voluntary or involuntary hospitalizations, name of treating physician or professional, and specify if psychotropic medication was prescribed and if Applicant is compliant with the prescribed medication regimen:

Date	Location	Name of treating physician/professional
------	----------	-----------------------------------------

b. Alcohol abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
------	----------	-----------------------------------------

c. Drug abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
------	----------	-----------------------------------------

d. Other? Yes No

If yes, describe condition, provide date, location of treatment, and name of treating physician or professional:

Date	Location	Name of treating physician/professional
------	----------	-----------------------------------------

e. Do you own or possess any firearms? Yes No

If so, describe your safety procedures and/or precautions: _____

18. Has Applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes No

If yes, please give date(s) and complete details:

19. Has applicant even been the subject of a confirmed report or judicial determination of abuse, neglect or exploitation of a child, vulnerable adult or elderly person which is prohibited under the provisions of Sections 435.04, 39.01? 984.02 Or 984.03(1), (2), or (37)?

Yes No

If yes, please give date(s) and complete details:

19 a. Has Applicant ever been arrested for or charged with a Felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes

Yes No

If yes, specify type of offense, location, and final disposition:

b. Has Applicant ever been convicted of or entered a plea of guilty or no contest to a felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

c. Has applicant ever been arrested for or charged with any crime other than a Felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

d. Has Applicant even been convicted of, entered a plea of guilty or no contest to any crime Other than a felony? Check yes even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes Yes No

If yes, specify type of offense, location, and final disposition:

20. Has Applicant ever held a position which required bonding?

Yes No

21. Has Applicant ever been removed from a position of Guardian, Agent under a Power of Attorney, Trustee or other fiduciary position for cause?

Yes No

If yes, describe and specify the reason for termination of fiduciary position:

22. Has Applicant ever been held in contempt of court or removed as a guardian or other fiduciary petition by a court?

Yes No

If yes, identify the court, case name and case number and specify the reason(s):

23. Has Applicant ever filed for Bankruptcy?

Yes No

If yes, specify date and location of court:

24. Is Applicant or Applicant's business, corporation or other business entity a creditor of, or providing professional, personal or business services to the alleged incapacitated person (or Ward)?

Yes No

If yes, furnish details:

25. Is Applicant employed by a business or corporation that provides professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details:

26. Is Applicant a licensed health care provider for the alleged incapacitated person (or Ward)?

Yes No

If yes, furnish details:

27. List Applicant's educational history (If needed, insert more pages):

School #1

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: _____

School #2

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: _____

School #3

Name of School/College/Other:

Address:

Street

City

State

Zip

Date degree conferred: _____

Degree: List Applicant's employment history for the past five years in reverse chronological order (If needed, insert more pages):

Employer #1

Name of Company:

Address:

Street

City

State

Zip

Beginning date: _____

Ending date: _____

Reason for leaving:

Employer #2

Name of Company:

Address:

Street

City

State

Zip

Beginning date: _____

Ending date: _____

Reason for leaving:

Employer #3

Name of Company:

Address:

Street

City

State

Zip

Beginning date: _____

Ending date: _____

Reason for leaving:

28. Has Applicant ever been discharged from employment? Yes No

If yes, provide explanation:

29. Has Applicant ever been a member of the armed forces of the U.S.? Yes No

If yes, provide the following information:

Branch: _____

Release date: _____

Military Serial #: _____

30. Provide the names, addresses, and telephone numbers of three responsible persons (excluding relatives or spouse) who have been closely associated with Applicant and who have known Applicant for at least five years:

Reference #1

Name of referee:

Address:

Street	City	State	Zip
--------	------	-------	-----

Telephone #:

Number of years known: _____

Reference #2

Name of referee:

Address:

Street	City	State	Zip
--------	------	-------	-----

Telephone #:

Number of years known: _____

Refere
nce #3
Name
of
referee

:

Address:

Street

City

State

Zip

Telephone #:

Number of years known: _____

31. Does Applicant have any special educational qualifications (financial, business, or other) that uniquely qualify Applicant to be appointed as guardian? Yes No

If yes, describe the qualifications:

-
-
32. Has Applicant complied with the guardian education requirements set forth in section 744.3145, Florida Statutes? Yes No

If yes, indicate when and where the training was received:

UNDER PENALTIES OF PERJURY I declare that I have read the foregoing application and the facts alleged are true, to the best of my knowledge and belief.

Date Signed by Applicant: _____

Applicant's Signature: _____