

MANDATORY CHECKLIST FOR NONPROFESSIONAL/FAMILY GUARDIANSHIP APPLICATIONS

This form to be submitted with every Application for Appointment for all nonprofessional/family guardians Please mark "x" or "check" for the appropriate boxes for either the initial or renewal application.

Guardianship of: _____

Reference Number: _____

Guardian Applicant's Name: _____

Any other name used by Applicant: _____

Guardian Applicant's Address: _____

Guardian Applicant's Telephone Number: _____

Guardian Applicant's Email Address: _____

Guardian Applicant Relationship to Ward: _____

INITIAL APPLICATIONS FOR NONPROFESSIONAL/FAMILY GUARDIANS

_____ Mandatory Checklist

_____ Application for Appointment

_____ Paid Investigation Fee of \$27.50 – Make Check Payable to “**Pinellas County Clerk of the Court**” **and mail the check to 315 Court Street Clearwater, FL 33756**

_____ Department of Children & Families Release Form: Email to: probateoffice@jud6.org

_____ Submit to Fingerprint & Background via Electronic Investigation

Florida Resident: [Probate-Mental-Health-guardianships](#)

Out of State Resident: [Fingerprint & Background Check Requirement Out of State Guardian Applicants](#)

I hereby give my consent for a background check in accordance with Florida Statutes, Chapter 744 to include, but may not be limited to, a check of credit, FDLE, FBI, employment, and Department of Children & Families background.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true.

Guardian Applicant Signature

Date