

**ANNUAL PROFESSIONAL GUARDIANSHIP INVESTIGATION CHECKLIST**  
**(including employees of a professional guardian pursuant to §744.3135, Fla.Stat.)**

This form must be submitted annually by all professional guardians and employees of a professional guardian with a fiduciary obligation to a ward

Please make sure to "x" or "check" the appropriate boxes.

Guardianship of \_\_\_\_\_ Reference # \_\_\_\_\_

Name of Guardian/Employee Applicant \_\_\_\_\_

Any other name used by Applicant/Employee \_\_\_\_\_

Address of Applicant \_\_\_\_\_  
Street Address City State Zip

Guardian Applicant Relationship to Ward \_\_\_\_\_

- 1 Investigation Checklist
- 2 Application for Appointment ( ) Attached ( ) Not Applicable
- 3 Disclosure Statement for Not for Profit ( ) Attached ( ) Not Applicable
- 4 Fingerprint Card ( ) Attached ( ) Not Applicable
- 5 Check payable to FDLE for \$47.00 ( ) Attached ( ) Not Applicable
- 6 Check payable to Clerk of Court for \$27.50 ( ) Attached ( ) Not Applicable  
(investigation fee)
- 7 Check payable to Clerk of Court for \$7.50 ( ) Attached  
(Professional Guardian Processing Fee)
- 8 Registered with SPGO ( ) Yes ( ) No ( ) Not Applicable  
(Statewide Public Guardianship Office)
- 9 Blanket Bond ( ) Yes ( ) No ( ) Not Applicable
- 10 Attached is a list of employees who owe a fiduciary responsibility to the ward ( ) Yes ( ) No ( ) Not Applicable
- 11 Employee statement ( ) Yes ( ) No ( ) Not Applicable
- 12 Dept. Children & Families Release Form ( ) Attached

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