

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 \$54.25 () Attached () Not Applicable
- 6 Check payable to Clerk of Court for \$7.50 () Attached
(Professional Guardian Processing Fee)
- 7 Registered with SPGO () Yes () No () Not Applicable
(Statewide Public Guardianship Office)
- 8 Blanket Bond () Yes () No () Not Applicable
- 9 Attached is a list of employees who owe a fiduciary responsibility to the ward () Yes () No () Not Applicable
- 10 Employee statement () Yes () No () Not Applicable
- 11 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