

**Elder Justice Center
Professional Guardian Requirements
File Review**

Name of Guardian: _____ Reviewer/Date: _____

Statutory requirements	Compliance yes/no	Deficiency letter sent	Date corrected
Application for appointment FS 744.3125(1)(2) or current list of wards (<u>to include designation of pro bono clients-AO S-2018-021</u>)	Hills.= Pro Bono= Total Wards:		
Blanket fiduciary bond FS 744.2003(2)	Expires:		
Credit history FS 744.3135			
Criminal background received FS 744.3135			
Continuing Education FS 744.2003(3)			
Registration with Office of Public & Professional Guardians (OPPG) FS 744.2002	Expires:		
Exam Passed FS 744.2003(6)			

Date of completion of 40 hour training FS 744.2003(3): _____