

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA  
PROBATE, GUARDIANSHIP AND MENTAL HEALTH DIVISION**

IN RE: GUARDIANSHIP OF

Case No.

Division

**APPLICATION FOR APPOINTMENT AS GUARDIAN**

Pursuant to Section 744.3125 of the Florida Guardianship Law, the undersigned submits this Application for Appointment as Guardian of \_\_\_\_\_ (the Ward) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date and Place of Birth: \_\_\_\_\_
4. Residence address: \_\_\_\_\_
5. Mailing address: \_\_\_\_\_
6. Email address: \_\_\_\_\_
7. U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Employer's name and address: \_\_\_\_\_

\_\_\_\_\_  
Applicant's position: \_\_\_\_\_

9. Marital status and name of spouse, if any: \_\_\_\_\_

10. Home telephone number: \_\_\_\_\_  
Work telephone number: \_\_\_\_\_

11. Length of residence in county wherein application is filed: \_\_\_\_\_

12. If currently serving as a guardian for any other ward, list names of each ward, court file number(s), circuit court(s) in which the case(s) is/are pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If a Professional Guardian, please indicate month, day, and year in which you were appointed on your third case:  
\_\_\_\_\_

14. Does applicant have any physical disabilities? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian: \_\_\_\_\_

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15. Has applicant ever been treated for the following:

- a. Mental condition? Yes \_\_\_\_ No \_\_\_\_
- b. Alcohol? Yes \_\_\_\_ No \_\_\_\_
- c. Drugs? Yes \_\_\_\_ No \_\_\_\_
- d. Other? Yes \_\_\_\_ No \_\_\_\_

Nature of condition: \_\_\_\_\_

If "yes" was answered to any of the above, please state date, time, location of treatment and name of physician or professional involved: \_\_\_\_\_

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16. Has applicant ever been judicially determined to have committed abuse, abandonment, or neglect against a child as defined by the Florida Statutes? Yes \_\_\_\_ No \_\_\_\_

17. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been uncontested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes? Yes \_\_\_\_ No \_\_\_\_

18. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes \_\_\_\_ No \_\_\_\_ If yes, please give date and complete details: \_\_\_\_\_

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19. Has applicant ever been charged with, arrested for, or convicted of a felony, even if the record of such arrest or conviction has been expunged, unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? Yes \_\_\_\_ No \_\_\_\_ If yes, please furnish details including date, type of offense, location and final disposition: \_\_\_\_\_

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20. Has applicant ever been charged with, arrested for, or convicted of any other crimes? Yes \_\_\_\_ No \_\_\_\_ If yes, please furnish details, including date, type of offense, location, and final disposition: \_\_\_\_\_

\_\_\_\_\_ 21. Has applicant ever held a position, which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe position, date, amount of bond and name of surety:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Has applicant, in the past, ever served as guardian of a person or of a person's property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below, including reason for termination of fiduciary position: \_\_\_\_\_

23. Has applicant ever been held in contempt of court or removed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

\_\_\_\_\_  
\_\_\_\_\_

24. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state date and location of court:

\_\_\_\_\_  
\_\_\_\_\_

25. Has the applicant ever been found guilty, plead nolo contendere or guilty of an offense prohibited by Florida Statutes 435.04 or similar statute of another jurisdiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give details, to include date, type of offense, location, and final disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26. What is applicant's relationship to the alleged incapacitated person? \_\_\_\_\_

27. Is applicant, or applicant's business, corporation or other business entity a creditor of, or providing substantial professional, personal, or business services to the incapacitated person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Is applicant employed by a person, agency, government, corporation or other business entity, which is providing professional, personal or business services to the incapacitated person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please furnish details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Is applicant a health care provider for the alleged incapacitated person?

Yes \_\_\_\_\_ No \_\_\_\_\_

30. Educational history of applicant:

Name and address

Degree

Date

High school: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

31. List applicant's employment experience for the past ten (10) years beginning with the most recent date:

Name and address

Date(s)

Reason for leaving

<u>Name and address</u>	<u>Date(s)</u>	<u>Reason for leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

32. Has applicant ever been discharged from employment: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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_____
_____

33. Has applicant ever been a member of the armed forces of the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch, dates and military serial number:

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34. PERSONAL REFERENCES. Please give the names, addresses and telephone numbers of three (3) responsible persons who have been closely associated with applicant and who have known applicant for five (5) years or more, not including relatives or spouse:

Name and address

Telephone number

_____	_____
_____	_____
_____	_____

35. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

36. Has applicant received instruction and training, which covered the legal duties and responsibilities of a guardian, the rights of an incapacitated person, the availability of local resources to aid a ward, and the preparation of habilitation plans and annual guardianship reports, including financial accounting for the ward's property? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, indicate when and where training was received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that on \_\_\_\_\_, a copy of this Application for Appointment as Guardian was served upon the following persons at the addresses shown, by first class United States Mail:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Guardian Signature**