

**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: _____

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: _____

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: _____

16. Has applicant ever been judicially determined to have committed abuse 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: _____

19. Has applicant ever been charged with, arrested for or convicted of a felony? Yes ____ No ____ If yes, please furnish details including date, type of offense, location and final disposition: _____

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

21. 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: _____

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

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

24. What is applicant's relationship to the alleged incapacitated person? _____

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

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

27. Is applicant a health care provider for the alleged incapacitated person? Yes _____ No _____

28. Educational history of applicant:

<u>Name and address</u>	<u>Degree</u>	<u>Date</u>
-------------------------	---------------	-------------

High school: _____

College: _____

Other: _____

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

<u>Name and address</u>	<u>Date</u>	<u>Reason for leaving</u>
-------------------------	-------------	---------------------------

30. Has applicant ever been discharged from employment: Yes _____ No _____ If yes, please explain: _____

31. 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: _____

32. 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

33. 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: _____

34. 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

**CONFIDENTIAL NOTICE OF IDENTIFYING INFORMATION
& CONSENT TO ELECTRONIC BACKGROUND CHECK**

This identifying information, below, is hereby submitted confidentially in connection with the Court's review of a Professional Guardian File maintained by the Clerk of the Circuit Court for Hillsborough County, Florida; and, the undersigned professional guardian or employee of a professional guardian or guardianship agency, hereby consents, by signing below, to appropriate court staff conducting an electronic background check in connection with this Court review process.

Full Name:

Other Names Used:

S.S.N.:

Date of birth:

Driver's License Number:

Signature

Date