

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

Name of Guardian: _____ **Reviewer/Date:** _____

| Statutory requirements | Compliance yes/no | Deficiency letter mailed/emailed | Date corrected |
|---|--|-------------------------------------|-------------------|
| Application for appointment for new Hillsborough County applicants FS 744.3125(1)(2) or current list of wards for established guardians <i>(to include designation of pro bono clients-AO S-2018-021)</i> | Hills: Pro Bono: Total Wards: | | |
| Proof of Blanket Fiduciary Bond FS 744.2003(2) <i>(original bond for new Hillsborough County applicants; bond renewal/continuation certificate for established Hillsborough County guardians)</i> | Expires: | | |
| Copy of credit history no older than six months <i>(please include an explanation regarding any adverse accounts and what procedures have been put in to place to prevent adverse accounts from reoccurring)</i> FS 744.3135 | | | |
| Criminal background results received by Hillsborough County Clerk of the Circuit Court FS 744.3135 | | | |
| Proof of Continuing Education FS 744.2003(3) <i>(16 hours due every two years after date of completion of 40 hour course)</i> | | | |
| Proof of Registration with Office of Public & Professional Guardians (OPPG) FS 744.2002 | Expires: | | |
| Proof of passing the Guardianship Exam FS 744.2003(6) | Date passed: | | |
| Proof of completion of 40 hour guardianship training FS 744.1003(3) | Date completed: | | |
| Proof of first appointment to a case as a Professional Guardian in Florida | Date: | | |