

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

Name of Guardian: _____

Reviewer: _____

Date of review: _____

Statutory requirements	Compliance yes/no	Deficiency letter mailed/emailed	Date corrected
A current list of all wards (<i>to include case numbers, counties and the designation of pro bono clients-AO S-2021-077</i>)	Hills. Co.= Pro Bono= Total Wards=		
Proof of Blanket Fiduciary Bond FS 744.2003(2)	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 place to prevent adverse accounts from reoccurring</i>) FS 744.3135			
Proof of Registration with Office of Public & Professional Guardians (OPPG) FS 744.2002	Expires:		