

INFORMATION REGARDING GUARDIAN

1. Name (as appears on Drivers License): _____
2. Guardian relationship to Ward: _____
3. Guardian SS#: _____
4. Guardian Date and Place of Birth: _____
5. Residence address: _____
6. Mailing address: _____
7. Are you a U.S. Citizen? _____
8. Employer's name and address: _____
Position: _____
9. Marital status and name of spouse, if any: _____
10. Home telephone number: _____
Work telephone number: _____
E-Mail Address: _____
11. Length of residence in county wherein application is filed: _____
12. If currently serving as guardian for any other ward, list name of each ward, court file number, circuit court in which the case is pending and whether applicant is acting as the limited or plenary guardian of the person or property or both: _____
13. Does applicant have any physical disabilities? _____
14. Has applicant ever been treated for:
 - a. Mental condition? _____
 - b. Alcohol? _____
 - c. Drugs _____
 - d. Other? _____
15. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? _____ Explain: _____
16. 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 415.1034, Florida Statutes? _____ Explain: _____

17. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? _____ Explain: _____
18. Has applicant ever been charged with, arrested for or convicted of a felony? _____ Explain: _____
19. Has applicant ever been charged with, arrested for or convicted of any other crimes? _____ Explain: _____
20. Has applicant ever held a position which required bonding? _____
21. Has applicant ever served as guardian of a person or of a person's property? _____
22. Has applicant ever been held in contempt of court or removed as guardian? _____
23. Has applicant ever filed for bankruptcy? _____ Explain: _____
24. 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? _____
25. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person? _____
26. Is applicant a health care provider for the alleged incapacitated person? _____
27. Educational history of applicant:

	<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School:			
College:			
Other:			

28. List applicant's employment experience for the past ten (10) years beginning with the most recent date: *(If you need additional space, please attach a separate sheet of paper.)*

<u>Name and Address</u>	<u>Date</u>	<u>Reason for Leaving</u>

29. Has applicant ever been discharged from employment? _____

30. Has applicant ever been a member of the armed forces of the U.S.? _____
31. 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:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>

32. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian?

33. 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? _____

When: _____

Where: _____

34. Preferred Banking Institution:

Name: _____

Address: _____

INFORMATION REGARDING WARD

1. Name of Ward: _____
2. Ward SS#: _____
3. Ward Date and Place of Birth: _____
4. Residence and mailing address: _____
5. Phone Number: _____
6. Contact person: _____

7. Doctor's name and address: _____
8. Next of kin (parents, siblings) names and addresses (if deceased, DOD): _____

9. Ward's incapacity: _____
- 10: Ward's income: _____
11. Does Ward have a trust?: _____
12. What rights should Ward have removed (check all that apply):
- _____ to personally apply for government benefits
 - _____ to contract
 - _____ to sue and defend lawsuits
 - _____ to manage property or to make any gift or disposition of property
 - _____ to determine his residency
 - _____ to consent to medical and mental health treatment
 - _____ to make decisions about his/her social environment or other social aspects of life
 - _____ to marry
 - _____ to vote
 - _____ to travel
 - _____ to have a driver's license
 - _____ to seek or retain employment