

IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY,  
FLORIDA PROBATE DIVISION

IN RE: GUARDIANSHIP OF

\_\_\_\_\_ File No. \_\_\_\_\_

Division Probate

**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. Age: \_\_\_\_\_

3. Residence address: \_\_\_\_\_  
\_\_\_\_\_

4. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

5. U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Employer's name and address:  
\_\_\_\_\_  
\_\_\_\_\_

7. Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

8. If currently serving as 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: \_\_\_\_\_  
\_\_\_\_\_

9. 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:

10. 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 and summary of treatment:

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

12. 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 Section 415.104, Florida Statutes?

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

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? \_\_\_\_\_

If yes, please give date and complete details:

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14. 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:

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15. 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:

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16. Has applicant ever held a position which required bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe position, date, amount of bond and name of surety:

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17. 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:

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18. Has applicant ever been held in contempt of court or removed as guardian?

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

If yes, please describe below:

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19. Has applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state date and location of court: \_\_\_\_\_

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

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21. Is applicant, or applicant's 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:

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22. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the incapacitated person. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please furnish details:

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

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

24. Educational history of applicant:

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

25. 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>
1. _____	_____	_____
_____		
2. _____	_____	_____
_____		

26. Was applicant discharged from employment by any employer listed above?

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

If yes, please explain: \_\_\_\_\_

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27. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe below: \_\_\_\_\_

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28. Has applicant received instruction and training which covered the legal duties and responsibilities of a guardian. Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe and indicate when and where training was received.

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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 \_\_\_\_\_, \_\_\_\_\_.

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Applicant  
(Print or Type Names Under All Signature Lines)