

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION

RE: GUARDIANSHIP OF

Case Number:

Section:

APPLICATION FOR APPOINTMENT AS GUARDIAN

Pursuant to § 744.3125 and 393.12(1), Fla. Stat., the undersigned submits this Application for Appointment as Guardian of

(the Ward) and submits the following information (whenever the space is insufficient, attach additional pages):

1. First Name:

Last Name:

2. Social Security Number:

3. Date of Birth:

Place of Birth:

4. Residence Address:

City:

State

Zip

AK

5. Mailing Address:

City:

State

Zip

AK

6. U.S. Citizen?

7. Employer's Name: (If self employed, please list corporate or d/b/a title)

Employer's Address:

City:

State

Zip

AK

Applicant's Position:

Professional License Number:

8. Marital Status:

If Married, Name of Spouse:

9. Home Phone Number:

10. Length of residence in county wherein application is filed:

11. If currently serving as guardian for any other ward:

If Yes:

#	Name of Ward	Court file Number(s)	Circuit Court(s) in which the case(s) is/are pending	Applicant is acting as Limited, Plenary, or both
1				

12. Does applicant have any physical disabilities?

If yes, please describe and state whether such disabilities may affect applicant's ability, in degree, to serve as guardian:

13. Has applicant ever been treated for the following:

A. Mental condition?

If "yes" was answered to the above, please state date, location of treatment and name of physician or professional involved:

Date: _____ Location Name: _____ Physician Name: _____

B. Alcohol?

If "yes" was answered to the above, please state date, location of treatment and name of physician or professional involved:

Date: _____ Location Name: _____ Physician Name: _____

C. Drug?

If "yes" was answered to the above, please state date, location of treatment and name of physician or professional involved:

Date: _____ Location Name: _____ Physician Name: _____

D. Other?

If "yes" was answered to the above, please state date, location of treatment and name of physician or professional involved:

Date: _____ Location Name: _____ Physician Name: _____

14. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by Florida Statutes?

15. Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation which has been contested or upheld pursuant to the provisions of Sections 415.104 and 415.1075, Florida Statutes?

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

17. Has applicant ever been:

A. Charged with a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

B. Arrested for a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

C. Convicted of a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

D. Entered a plea of guilty or
no contest to a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

18. Has applicant ever been:

A. Charged with any crime other than a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

B. Arrested for a crime other than a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

C. Convicted of any crime other than a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

D. Entered a plea of guilty or no contest other than a felony?

If yes, to the above, please furnish details, including type of offense, location and final disposition:

#	Offense:	Location :	Disposition:
1	_____	_____	_____

19. Has applicant ever held a position which required bonding?

20. Has applicant, in the past, ever served as guardian of a person or of a person s property?

If yes, please describe below, including reason for termination of fiduciary position:

21. Has applicant ever held in contempt of court or removed as a guardian?

If yes, please describe below:

22. Has applicant ever filed for bankruptcy?

Date: _____

Location (Address): _____

City: _____

State

Zip

AK

23. What is applicant's relationship to the alleged incapacitated person (or ward, if renewal application)?

24. Is applicant, or applicant's business or corporation or other business entity a creditor of or providing professional, personal or business services to the incapacitated person?

If yes, please furnish details:

25. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person?

If yes, please furnish details:

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

If yes, please describe below:

27. Educational history of applicant:

Name of School/College/Other/School Address

Date

Degree

Name of School:

1

Street Address:

City:

State:

Zip:

AK

28. List applicant's employment experience for the past 10 years beginning with the most recent date:

Name of Company

Beginning Date

Reason for leaving

Name of Company:

1

Street Address:

City:

State:

Zip:

AK

29. Has applicant ever been discharged from employment?

If yes, please explain:

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

If Yes

#

Branch

Release Date

Military Serial #

1

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:

Name of Person/Address	Telephone #	# of Years Known
<p>1</p> <p>Name of Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: AK Zip: _____</p>	<p>_____</p>	<p>_____</p>
<p>2</p> <p>Name of Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: AK Zip: _____</p>	<p>_____</p>	<p>_____</p>
<p>3</p> <p>Name of Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: AK Zip: _____</p>	<p>_____</p>	<p>_____</p>
<p>4</p> <p>Name of Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: AK Zip: _____</p>	<p>_____</p>	<p>_____</p>
<p>5</p> <p>Name of Company: _____</p> <p>Street Address: _____</p> <p>City: _____ State: AK Zip: _____</p>	<p>_____</p>	<p>_____</p>

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

If yes, please describe:

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? _____

If yes, indicate when and where training was received:

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

Applicant's Name:

Applicant's Signature: