

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 Click here to enter text. (the Ward) and submits the following information (whenever the space provided is insufficient, attach additional pages):

1. **Name:** Click here to enter text.
2. **Age:** Click here to enter text.
3. **Residence address:** Click here to enter text.
4. **Mailing address:** Click here to enter text.
5. **U.S. citizen?** Yes or No
6. **Employer's name and address:** Click here to enter text.

Applicant's position: Click here to enter text.

7. **Home telephone number:** Click here to enter text.

Work telephone number: Click here to enter text.

8. **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:** Click here to enter text.

9. **Does applicant have any physical disabilities?** Yes or No

10. **Has applicant ever been treated for the following:**

- | | | |
|----|--------------------------|-----------|
| a. | Mental condition? | Yes or No |
| b. | Alcohol? | Yes or No |
| c. | Drugs? | Yes or No |
| d. | Other? | Yes or No |

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

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? Yes or No

14. Has applicant ever been charged with, arrested for or convicted of a felony? Yes or No

15. Has applicant ever been charged with, arrested for or convicted of any other crimes? Yes or No

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

17. Has applicant ever served as guardian of a person or of a person's property? Yes or No

18. Has applicant ever been held in contempt of court or removed as guardian? Yes or No

19. Has applicant ever filed for bankruptcy? Yes or No

20. What is applicant's relationship to the alleged incapacitated person? Yes or No

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 or No

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

23. Is applicant a health care provider for the alleged incapacitated person? Yes or No

24. Educational history of applicant:

	<u>Name and Address</u>	<u>Degree</u>	<u>Date</u>
High School:	Click here to enter text.	Click here to enter text.	Click here to enter text.
College:	Click here to enter text.	Click here to enter text.	Click here to enter text.

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>
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

26. Was applicant discharged from employment by any employer listed above? Yes or No

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

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

**WHEN DOCUMENT IS COMPLETED PLEASE EMAIL TO
 ATTORNEY TASHA WARNOCK**
twarnock@levinslegal.com