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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardianship | Developmental Disabilities | Veteran's Benefits

Guardianship Questionnaire CONFIDENTIAL

A. Information about the alleged incapacitated person (AIP):

1. Full Name: _____
2. Age: _____
3. Date of Birth: _____
4. Social Security Number: _____
5. Current Address: _____

6. Primary Spoken Language: _____
7. Description of alleged incapacity and reason for alleged incapacity:

8. Does the alleged incapacitated person have any assets or income?

If "yes" was answered, please describe what kinds of assets, how much and what kind of income: _____
9. List the name and address of person(s) known to the petitioner to have personal knowledge of facts through personal observation, of AIP.
(example: nurse at rehab facility) _____

B. Information about next of kin of AIP:

Please give the names, addresses and relationships of **all** known next of kin of the alleged incapacitated person (give dates of birth of any who are minors.)

| | <u>Name</u> | <u>Address</u> | <u>Relationship</u> |
|----|-------------|----------------|---------------------|
| 1. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |
| | _____ | _____ | _____ |

C. Information about AIP's physician:

Please give the name, address and phone number of the attending or family physician: _____

D. Information about AIP's physical disabilities:

Please indicate whether any of the following physical disabilities pertain to the alleged incapacitated person:

1. Impaired vision: _____
2. Impaired hearing: _____
3. Impaired ability to write: _____

4. Impaired ability to walk: _____
5. Impaired ability to physically maintain residence: _____
6. Impaired ability to clothe, bathe and/or feed self: _____
7. Bedridden: _____
8. Impaired ability to communicate: _____
9. Impaired ability to manage finances: _____
10. Other: _____

Please indicate whether any of the physical disabilities associated with chronic or disabling conditions pertain to the alleged incapacitated person:

1. Heart Disease: _____
2. Cancer: _____
3. Lung Disorders: _____
4. Substance Abuse: _____
5. Stroke: _____
6. Diabetes: _____
7. Other: _____

Please indicate if any of the following mental disabilities pertain to the alleged incapacitated person:

1. Senility: _____
2. Alzheimer's Disease: _____
3. Other Organic Brain Syndrome: _____
4. Psychiatric problems (i.e.: paranoia, depression, suicidal tendencies, violence, schizophrenia): _____
5. Hallucinations: _____
6. Confusion: _____
7. Poor judgment; no insight: _____
8. Memory Loss: _____

9. Disoriented as to time and place: _____
10. Other: _____

Please indicate which rights you feel the alleged incapacitated person is incapable of exercising:

1. To marry: _____
2. To vote: _____
3. To enter into and perform contracts: _____
4. To travel: _____
5. To seek or retain employment: _____
6. To drive an automobile and have a driver's license: _____
7. To sue and defend lawsuits: _____
8. To maintain self in ones own residence without assistance: _____
9. To manage and control property: _____
10. To make informed decisions regarding medical treatment: _____
11. To personally apply for governmental benefits: _____
12. To make decisions about his or her social environment or other social aspects of his or her life: _____
13. To maintain, deposit or withdraw monies from a checking account or any other account: _____

E. Information about the Proposed Guardian:

1. Full Name: _____
2. Social Security Number: _____
3. Date and Place of birth: _____

4. Current Address: _____

5. Mailing Address (if different from above): _____

6. U.S. Citizen? _____
7. Employer's name and address: _____

Position: _____

8. Marital status and name of spouse, if any: _____

9. Home telephone number: _____

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

11. If currently serving as guardian for any other ward, list the names of each ward, court file number, circuit court 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: _____

12. Does the applicant have any physical disabilities? If yes, please explain: _____

13. Will any physical disability listed above affect the ability to serve as guardian? _____

14. Has applicant ever been treated for the following:
a. Mental Condition: _____
b. Alcohol: _____
c. Drugs: _____
d. Other: _____
Nature of condition: _____

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

15. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? _____
If "yes" was answered, please give the date and complete details: _____

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 415.014 and 415.1075 of the Florida Statutes?

If "yes" was answered, please give the date and complete details:

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

If "yes" was answered, please give the date and complete details: _____

18. Has applicant ever been:

a. Charged with a felony? _____

b. Arrested for a felony? _____

c. Convicted of a felony? _____

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

19. Has applicant ever been:

a. Charged with any other crime other than a felony? _____

b. Arrested for another crime other than a felony? _____

c. Convicted of a crime other than a felony? _____

d. Entered a plea of guilty or no contest to a crime other than a felony? _____

20. Has applicant ever held a position which required bonding? _____

If "yes" was answered, please describe the position, date, amount of bond, and name of surety: _____

- 21.** Has applicant, in the past, ever served as guardian of a person or of a person's property? _____
If "yes" was answered, please describe and include the reason for termination of fiduciary position: _____

- 22.** Has applicant even been held in contempt of court or removed as guardian? _____
If "yes" was answered, please describe: _____

- 23.** Has applicant ever filed for bankruptcy? _____
If "yes" was answered, please state the date and location of the court: _____

- 24.** What is the applicant's relationship to the alleged incapacitated person (or ward, if renewal application)? _____
- 25.** Is applicant, or applicant's business, corporation or other business entity a creditor of or providing, personal or business services to the alleged incapacitated person? _____
If "yes" was answered, please furnish details: _____

- 26.** Is the applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the alleged incapacitated person? _____
If "yes" was answered, please furnish details: _____

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

28. Educational history of the applicant:

Name and Address Date Degree

High School: _____

College: _____

Other: _____

29. List applicant's employment experience for the past ten (10) years beginning with the most recent:

Name and Address Dates Reason for leaving

1. _____

2. _____

3. _____

4. _____

30. Has applicant ever been discharged from employment? _____

If "yes" was answered, please furnish details: _____

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

If "yes" was answered, what branch, dates and military serial number:

- 32.** 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 and Address

Telephone Number

1. _____

2. _____

3. _____

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

If “yes” was answered, please describe: _____

- 34.** 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” was answered, indicate when and where training was received. If the instruction and training was the professional guardian class required by 744.1085, then please also state whether you have taken the professional guardian competency examination. If you have taken the professional guardian competency examination, please attach proof that you passed the examination. proof of passing the professional guardian competency examination is required only for initial applications.

When: _____

Where: _____