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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) – the MINOR:

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

6. Primary Spoken Language: _____
7. Does the Minor have any assets or income?

If "yes" was answered, please describe what kinds of assets, how much and what kind of income: _____

B. Information about next of kin of Minor:

Please give the names, addresses and relationships of **all** known next of kin of the minor 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 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 minor person? _____
If "yes" was answered, please furnish details: _____

27. Is applicant a health care provider for the Minor?

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: _____