

Special Needs Lawyers, PA

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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

CONFIDENTIAL MINOR GUARDIANSHIP QUESTIONNAIRE

A. Information about 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 the 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.)

1. Name: _____
Address: _____
Relationship: _____
2. Name: _____
Address: _____
Relationship: _____

3. Name: _____
Address: _____
Relationship: _____
4. Name: _____
Address: _____
Relationship: _____
5. Name: _____
Address: _____
Relationship: _____
6. Name: _____
Address: _____
Relationship: _____

C. Information about the Proposed Guardian:

1. Full Name: _____
2. Social Security Number: _____
3. Date of Birth: _____
4. Place of Birth: _____
5. Current Address: _____
6. Mailing Address (if different from above): _____

7. Telephone Number: _____
8. Email Address: _____
9. U.S. Citizen? _____
10. Employer's name and address: _____

Position: _____
(If not working, please specify if unemployed, retired or homemaker.)
11. Marital status and name of spouse, if any: _____
12. Length of residence in county wherein application is filed: _____
13. What is the applicant's relationship to the MINOR? _____

14. 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 guardian, guardian of the person, guardian of the property, plenary guardian, or guardian advocate: _

15. Does the applicant have any physical disabilities? If yes, please explain: __

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

17. Has applicant ever been treated for the following:

a. Mental Condition: _____

b. Alcohol: _____

c. Drugs: _____

d. Other: _____

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

18. 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: _____

19. 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: _____

20. 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: _____

21. 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 crime other than a felony? _____
- If "yes" was answered to any above, please give complete details: _____

22. 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: _____

23. 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: _____

24. Has applicant even been held in contempt of court or removed as guardian? _____
- If "yes" was answered, please give complete details: _____

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

26. 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 give complete details: _____

27. Is applicant a health care provider for the MINOR? _____

28. Educational history of the applicant:

High School: _____

Address: _____

Dates attended: _____

Diploma: _____

College: _____

Address: _____

Dates attended: _____

Degree: _____

Other: _____

Address: _____

Dates attended: _____

Degree: _____

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

1. Name: _____

Address: _____

Dates: _____

Reason for leaving: _____

2. Name: _____

Address: _____

Dates: _____

Reason for leaving: _____

3. Name: _____

Address: _____

Dates: _____

Reason for leaving: _____

4. Name: _____

Address: _____

Dates: _____

Reason for leaving: _____

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:

1. Name: _____
Address: _____
Telephone Number: _____

2. Name: _____
Address: _____
Telephone Number: _____

3. Name: _____
Address: _____
Telephone Number: _____

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

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.

When: _____

Where: _____

ADDITIONAL INFORMATION TO PROVIDE WITH QUESTIONNAIRE

- Settlement or Inheritance Information (*if available*)
- Credit Report for each Guardian (*Hillsborough County Cases Only*)