

IN THE CIRCUIT COURT FOR
PINELLAS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: GUARDIANSHIP OF

(NAME OF WARD)

FILE NO.

APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE
OF THE PERSON AND PROPERTY

Pursuant to §744.3125 and §393.12 of the Florida Statutes, the undersigned, submits this Application for Appointment as Guardian Advocate of (NAME OF WARD) (Ward), and submits the following information:

1. Applicant's Full Name: _____
2. Specify Applicant's Relationship with the alleged incapacitated person/developmentally disabled person (or Ward): _____
3. Applicant's Social Security Number: _____
4. Date and Place of Birth: _____
5. Residence Address: _____
6. Mailing Address: _____
7. E-mail Address: _____
8. Mobile Phone Number: _____
9. U.S. Citizen? Yes No
10. Employer's Name and Address: _____

(If self-employed, provide corporate or dba title)
Applicant's Position: _____
Applicant's License Number (if any): _____
11. Please specify if :
Unemployed: Yes No Retired: Yes No Homemaker: Yes No

12. Marital Status: Married Divorced Single
If married, name of spouse: _____

13. Home telephone number: _____

14. Length of residence in county where application is filed: _____

15. Do you serve as Guardian for another Ward? Yes No

16. If yes, provide Ward(s) information below:

Ward #1

Name of Ward: _____

Case No. _____

Circuit Court: _____

Guardianship Type: Plenary Limited Guardian Advocacy

Ward #2

Name of Ward: _____

Case No. _____

Circuit Court: _____

Guardianship Type: Plenary Limited Guardian Advocacy

17. Are you a Professional Guardian registered with the Office of Public and Professional Guardians? Yes No

If yes, then attach a complete list of your current Wards, location of guardianship and case number to this application.

18. Does the Applicant have any physical disabilities? Yes No

If yes, describe and state whether they may affect to any extent, the Applicant's ability to serve as Guardian. _____

19. Has Applicant ever been diagnosed with and treated for any of the following:

a. Mental Illness? Yes No

If yes, provide date, location of treatment, any voluntary or involuntary hospitalizations, name of treating physician or professional, and specify if psychotropic medication was prescribed and if Applicant is compliant with the prescribed medication regimen:

Date	Location	Name of treating physician/professional
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b. Alcohol Abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
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c. Drug Abuse? Yes No

If yes, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
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d. Other? Yes No

If yes, describe condition, provide date, location of treatment, and name of treating physician or professional.

Date	Location	Name of treating physician/professional
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e. Do you own or possess any firearms? Yes No

If so, describe your safety procedures and/or precautions: _____

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

If yes, please give date(s) and complete details: _____

21. Has applicant ever been the subject of a confirmed report or judicial determination of abuse, neglect or exploitation of a child, disabled adult, vulnerable adult or elderly person, which is prohibited under the provisions of Sections 435.04, 39.01, 984.02, 984.03(1), (2), (37), 825.102, 825.103 and 782.07(2)? Yes No

If yes, please give date(s) and complete details: _____

22. A) Has Applicant ever been arrested for or charged with a Felony? Check yes, even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. Yes No

If yes, specify type of offense, location, and final disposition: _____

B) Has Applicant ever been convicted of or entered a plea of guilty or no contest to a Felony? Check yes, even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. Yes No

If yes, specify type of offense, location, and final disposition: _____

C) Has Applicant ever been arrested for or charged with any crime other than a Felony? Check yes, even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. Yes No

If yes, specify type of offense, location, and final disposition: _____

D) Has Applicant ever been convicted of, entered a plea of guilty or no contest to any crime other than a Felony? Check yes, even if the record of your conviction was expunged, unless it was expunged pursuant to section 943.0583, Florida Statutes. Yes No

If yes, specify type of offense, location, and final disposition: _____

23. Has Applicant ever held a position which required bonding? Yes No

If yes, please describe: _____

24. Has Applicant ever been removed from a position of Guardian, Agent under a Power of Attorney, Trustee or other fiduciary position for cause? Yes No

If yes, describe and specify the reason for termination of fiduciary position: _____

25. Has Applicant ever been held in contempt of court or removed as a guardian or other fiduciary petition by a court? Yes No

If yes, identify the court, case name and case number and specify the reason(s): _____

26. Has Applicant ever filed for Bankruptcy? Yes No

If yes, specify date and location of court: _____

27. Is Applicant or Applicant's business, corporation or other business entity a creditor of, or providing professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details: _____

28. Is Applicant employed by a business or corporation that provides professional, personal or business services to the alleged incapacitated person (or Ward)? Yes No

If yes, furnish details: _____

29. Has Applicant been promised or received any payment or other benefit, in cash or in-kind, from any source to apply or seek appointment as Guardian or Guardian Advocate?

Yes No

If yes, furnish details: _____

30. Has Applicant been promised or received any rebate, kickback, bonus, commission, split-fee arrangement in return for referrals, solicitation or transactions for past or future goods or services on behalf of the Ward?

Yes No

If yes, furnish details: _____

31. Is Applicant a licensed health care provider for the alleged incapacitated person (or Ward)?
Yes No
If yes, furnish details: _____

32. List Applicant's educational history (if needed, insert more pages):

School #1

Name of School/College/Other: _____
Address: _____
Date Degree conferred: _____
Degree: _____

School #2

Name of School/College/Other: _____
Address: _____
Date Degree conferred: _____
Degree: _____

33. List Applicant's employment history for the past five (5) years in reverse chronological order (if needed, insert more pages):

Employer #1

Name of Company: _____
Address: _____
Beginning Date: _____ Ending Date: _____
Reason for leaving: _____

Employer #2

Name of Company: _____
Address: _____
Beginning Date: _____ Ending Date: _____
Reason for leaving: _____

34. Has applicant ever been discharged from employment? Yes No
If yes, provide explanation: _____

35. Has Applicant ever been a member of the armed forces of the U.S.? Yes No
If yes, provide the following information:
Branch: _____
Release Date: _____
Military Serial #: _____

36. Provide the names, addresses, and telephone numbers of three (3) responsible persons (excluding relatives or spouse) who have been closely associated with Applicant and who have known Applicant for at least five (5) years:

Reference #1

Name of referee: _____

Address: _____

Telephone #: _____

Reference #2

Name of referee: _____

Address: _____

Telephone #: _____

Reference #3

Name of referee: _____

Address: _____

Telephone #: _____

37. Does Applicant have any special educational qualifications (financial, business or other) that uniquely qualify Applicant to be appointed as guardian? Yes No
If yes, describe the qualifications: _____

38. Has Applicant complied with the guardian education requirements set forth in section 744.3145, Florida Statutes? Yes No
If yes, indicate when and where the training was received: _____

Under the 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 _____, 2023.

NAME
Applicant