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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 GUARDIANSHIP QUESTIONNAIRE

ALLEGED INCAPACITATED PERSON – “AIP”
ALLEGED DEVELOPMENTALLY DISABLED PERSON – “ADDP”

A. Information about the AIP / ADDP:

1. Full Name: _____
2. Age: _____
3. Date of Birth: _____
4. Social Security Number: _____
5. Current Address: _____
6. Telephone Number: _____
7. Primary Spoken Language: _____
8. Description of alleged incapacity/developmental disability and reason for alleged incapacity/developmental disability: _____

9. Does the AIP/ADDP have any income? If yes, what kind and how much? _____

 - a. If AIP/ADDP is receiving SSI or will be receiving SSI, who is the Representative Payee? _____
10. Does the AIP/ADDP have any assets? If yes, what kind and value? _____

11. List the name and address of person(s) known to the petitioner to have personal knowledge of facts through personal observation, of AIP/ADDP. (example: nurse at rehab facility or support coordinator) _____

B. Information about next of kin of AIP / ADDP:

Please give the names, addresses and relationships of **all** known next of kin of the AIP/ADDP (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 AIP / ADDP's physician:

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

D. Information about AIP / ADDP's physical disabilities:

Please indicate whether any of the following physical disabilities pertain to the AIP/ADDP:

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 AIP/ADDP:

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 AIP/ADDP:

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 AIP/ADDP 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 *personally* apply for governmental benefits: _____
7. To drive an automobile and have a driver's license: _____
8. To sue and defend lawsuits: _____
9. To maintain self in one's own residence without assistance: _____
10. To manage and control property: _____
11. To apply for governmental benefits: _____
12. To make informed decisions regarding medical treatment: _____
13. To make decisions about his or her social environment or other social aspects of his or her life: _____

E. Information about the Proposed Guardian/Guardian Advocate (1):

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 AIP/ADDP? _____
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. Does applicant own or possess any firearms? _____
If "yes" was answered, please describe the safety procedures and/or precautions. _____

23. 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: _____

24. 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: _____

25. Has applicant even been held in contempt of court or removed as guardian?

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

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

27. 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: _____

28. Is applicant a health care provider for the AIP/ADDP? _____

29. Educational history of the applicant:

High School: _____

Address: _____

Dates attended: _____

Diploma: _____

College: _____

Address: _____

Dates attended: _____

Degree: _____

Other: _____

Address: _____

Dates attended: _____

Degree: _____

30. 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: _____

31. Has applicant ever been discharged from employment? _____

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

32. 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: _____

33. 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: _____

34. 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: _____

35. 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

- Document providing diagnosis. This can be an Individual Education Plan (IEP), Psychological Evaluation, Physician’s letter stating diagnosis, or Support Plan. *(For ADDP Only, Guardian Advocacy Cases)*
- Credit Report for each Guardian *(Hillsborough County Cases Only)*

F. Information about the Proposed Guardian/Guardian Advocate (2):
(Complete only if there is more than one proposed guardian/guardian advocate.)

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 AIP/ADDP? _____
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: _____

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

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a. Mental Condition: _____

b. Alcohol: _____

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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? _____
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21. Has applicant ever been:

a. Charged with a felony? _____

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- c. Convicted of a felony? _____
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If "yes" was answered to any above, please give complete details: _____

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- 24. 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: _____

- 25. Has applicant even been held in contempt of court or removed as guardian?

- If "yes" was answered, please give complete details: _____

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

- 27. 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? _____
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Diploma: _____

College: _____

Address: _____

Dates attended: _____

Degree: _____

Other: _____

Address: _____

Dates attended: _____

Degree: _____

30. 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: _____

31. Has applicant ever been discharged from employment? _____

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

32. 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: _____

33. 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:

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Telephone Number: _____

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

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

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If “yes” was answered, indicate when and where training was received.

When: _____
Where: _____

ADDITIONAL INFORMATION TO PROVIDE WITH QUESTIONNAIRE

- Document providing diagnosis. This can be an Individual Education Plan (IEP), Psychological Evaluation, Physician’s letter stating diagnosis, or Support Plan. *(For ADDP Only, Guardian Advocacy Cases)*
- Credit Report for each Guardian *(Hillsborough County Cases Only)*