

Special Needs Lawyers, PA

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Special Needs Trusts | Elder Law | Long Term Care Planning | Medicaid | Probate | Wills & Trusts
Incapacity Planning | Guardian Advocacy | Developmental Disabilities

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

19. 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: _____

20. 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: _____

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

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. 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? _____
If "yes" furnish details: _____

28. 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? _____

If "yes" furnish details: _____

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

30. Educational history of the applicant:

High School: _____

Address: _____

Dates attended: _____

Diploma: _____

College: _____

Address: _____

Dates attended: _____

Degree: _____

Other: _____

Address: _____

Dates attended: _____

Degree: _____

31. 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: _____

32. Has applicant ever been discharged from employment? _____
 If "yes" was answered, please furnish details: _____

33. 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: _____

34. 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: _____
35. 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: _____

36. 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*)