MANDATORY DISCLOSURE AND CONSENTS FOR **ALL NON-PROFESSIONAL** GUARDIANS AND GUARDIAN ADVOCATES

This form must be completed, signed, and submitted with every Application for Appointment as Guardian/Guardian Advocate. One form must be completed, signed, and submitted by each applicant. Each applicant must also submit a copy of his/her state or government picture identification along with this form. Completion and submission of this form does not negate the requirement to undergo a Level Two Livescan.

Case Name/Guardianship of: _____

Case Number: _____

Name of Proposed Guardian: _____

Date of Birth of Proposed Guardian: _____

Place of Birth of Proposed Guardian: _____

Proposed Guardian's SSN: _____

Proposed Guardian's Sex: _____ Proposed Guardian's Race: _____

Proposed Guardian's Home Address: _____

_____

Proposed Guardian's P.O. Box/Mailing address: _____

_____

Proposed Guardian's Home Telephone Number: _____

Proposed Guardian's Cell Phone Number: _____

I hereby give my consent for the Court to conduct and review information and reports regarding my background and credit history in accordance with Florida Statutes 744, including but not limited to obtaining and reviewing for purposes of this application: a credit report from one or more consumer reporting agencies, Level Two Livescans and reports or other information from Florida Department of Law Enforcement, the Federal Bureau of Investigation and the Department of Children and Families.

Under 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.

_____

Signature of Proposed Guardian

_____

Date