IN THE CIRCUIT COURT FOR _____COUNTY,

FLORIDA **PROBATE DIVISION**

IN RE: GUARDIAN
ADVOCACY OF

_____

File No. _____
Division Probate

APPLICATION FOR APPOINTMENT AS GUARDIAN/ CO-GUARDIAN ADVOCATE(S)

Pursuant to Florida Statutes Section 744.3125, the undersigned submits this Application for Appointment as Guardian/Co-Guardian Advocate of _____ (the Protected Person/Ward) and submits the following information:

1. Proposed Guardian/Co-Guardian Advocate's name:

_____

2. Date of birth: _____
3. Residence address:

_____

4. Mailing and e-mail address:

_____

5. U.S. citizen? ____
6. Current employer's name and COMPLETE address:

_____

_____

Applicant's position: _____

7. Home telephone number: _____

Work telephone number: _____

8. If currently serving as guardian for any other Protected Person/Ward, list the name of each adult Protected Person/Ward and the initials of each Protected Person/Ward that is a minor, court file number, circuit court in which the case is pending and whether applicant is acting as the Limited or Plenary Guardian of the person or property, or both (attach an additional page if necessary). If none, write none.:

_____

(Questions 9-23: any "yes" answers require an additional sheet be attached to this application explaining in FULL detail the situation, condition, and current status, including complete names and complete addresses of all doctors/courts/agencies/businesses/individuals involved.)

9. Does applicant have any physical disabilities? _____

10. Has applicant ever been treated for the following, indicate Yes or No below:

a. Mental condition? ___

b. Alcohol? ___

c. Drugs? ___

d. Other? ___

11. Has applicant ever been judicially determined to have committed abuse, abandonment or neglect against a child as defined by the Florida Statutes? ___

12. 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 Section 415.104, Florida Statutes? ___

13. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? ___

14. Has applicant ever been arrested for or convicted of a felony, even if the record for arrest or conviction has been expunged unless the expunction was ordered pursuant to Florida Statutes Section 943.0583? ____

15. Has applicant ever been charged with, arrested for or convicted of any other crimes? ____

16. Has applicant ever held a position which required bonding? ____

17. Has applicant ever served as Guardian of a person or of a person's property? ____

18. Has applicant ever been held in contempt of court or removed as Guardian? ____

19. Has applicant ever filed for bankruptcy? ____

20. What is applicant's relationship to the alleged Protected Person? _____

21. Is applicant, or applicant's corporation or other business entity a creditor of, or providing professional, personal or business services to the Protected Person? ____

22. Is applicant employed by a corporation or other entity which is providing professional, personal or business services to the Protected Person? ____

23. Is applicant a health care provider for the alleged Protected Person? ____

24. Educational history of applicant:

Name and COMPLETE Address of Educational Institution	Degree	Date

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

Name and COMPLETE Address of Employer	Dates Employed	Reason for Leaving

26. Was applicant discharged from employment by any employer listed above? ____ If yes: explain:

27. Does applicant possess any special educational qualifications (financial, business or otherwise) that qualify applicant to be appointed Guardian? ____ If yes, explain:

_____

_____

28. Has applicant received instruction and training which covered the legal duties and responsibilities of a Guardian? ____ If yes, describe:

_____

_____

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.

Signed on this ____ day of _____ **20** __.

Signature: _____

Proposed Co-Guardian Advocate

Printed Name:

_____

Address: _____

_____

_____

Phone Number: _____