IN THE CIRC FLORIDA	UIT COURT FOR COUNTY, PROBATE DIVISION				
IN RE: GUA	RDIANSHIP OF				
	File No				
	Division Probate				
APPLIC	CATION FOR APPOINTMENT AS GUARDIAN				
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	ant to Section 744.3125 of the Florida Guardianship Law, the undersigned submits this				
	Appointment as Guardian of, the Ward, and				
	lowing information(whenever the space provided is insufficient, attach additional pages):				
1.	Name:				
2.	Age:				
3.	Residence address:				
4.	Mailing address:				
5.	U.S. Citizen? Yes No				
6.	Employer's name and address:				
7.	Home telephone number:				
	Work telephone number:				
8.	If currently serving as guardian for any other ward, list names of each ward, court file				
number(s), circ	euit court(s) in which the case(s) is/are pending and whether applicant is acting as the limited or				
plenary guardia	an of the person or property or both:				

9.	I	Does applicant have any physical disabilities? Yes No				
]	If yes, please describe and state whether such disability may affect applicant's ability, in any				
degree, to	serve a	s guardian:				
10). I	Has applicant ever been treated for the following:				
	ł	a. Mental condition? Yes No b. Alcohol? Yes No c. Drugs? Yes No d. Other? Yes No				
Na	ature of	f condition and summary of treatment:				
11	. I	Has applicant ever been judicially determined to have committed abuse, abandonment or				
neglect aga	ainst a (child as defined by the Florida Statutes? Yes No				
12	2. I	Has applicant ever been the subject of a confirmed report of abuse, neglect, or exploitation				
which has	been u	ncontested or upheld pursuant to the provisions of Section 415.104, Florida Statutes?				
	•	Yes No				
13	3. I	Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or				
administra	tive pro	oceeding?				
]	If yes, please give date and complete details:				
14		Has applicant ever been charged with, arrested for or convicted of a felony?				
If		Yes No ease furnish details including date, type of offense, location and final disposition:				
15		Has applicant ever been charged with, arrested for or convicted of any other crimes?				

	If yes, please furnish details:		
	personal or business services to the incapacitated person? Yes No		
21.	Is applicant, or applicant's corporation or other business entity a creditor of, or providing		
20.	What is applicant's relationship to the alleged incapacitated person?		
	If yes, please state date and location of court:		
19.	Has applicant ever filed for bankruptcy? Yes No		
	If yes, please describe below:		
	Yes No		
18.	Has applicant ever been held in contempt of court or removed as guardian?		
	If yes, please describe below, including reason for termination of fiduciary position:		
	Yes No		
17.	Has applicant, in the past, ever served as guardian of a person or of a person's property?		
	If yes, please describe position, date, amount of bond and name of surety:		
16.	Has applicant ever held a position which required bonding? Yes No		
If yes	If yes, please furnish details including date, type of offense, location and final disposition:		

22.	Is applicant employed by a corporation or other entity which is providing professional,					
personal or bus	siness services to the incapacita	ted person. Y	es No)		
	If yes, please furnish details:					
23.	Is applicant a health care pro	vider for the a	alleged incapa	citated person	?	
	Yes No					
24.	Educational history of applicant:					
Name and Add	iress		<u>Degree</u>	Date	2	
High school:						
		_				
		_				
College:						
_						
		_				
		_				
Other:						
		-				
		-				
25. recent date:	List applicant's employment	experience fo	r the past ten ((10) years begi	nning with the most	
Name and Add	ress	<u>Date</u>		Reason for	Leaving	
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26.	Was ap	Was applicant discharged from employment by any employer listed above?					
	Yes	No					
	If yes, 1	please explain:					
27. De	oes applic	ant possess any special	l educational qualifications (financial, business or otherwise)				
that qualify ap	plicant to	be appointed guardian	n? Yes No				
	If yes, 1	please describe below:					
28. H	as applica	nt received instruction	and training which covered the legal duties and responsibilities				
of a guardian.	Yes	No					
	If so, p	lease describe and indi	icate when and where training was received.				
Under	r penalties	of perjury, I declare th	hat I have read the foregoing, and the facts alleged are true, to				
the best of my	knowledg	ge and belief.					
Signe	d on		,				
			Applicant (Print or Type Names Under All Signature Lines)				
the best of my	r penalties knowledg	s of perjury, I declare th	hat I have read the foregoing, and the facts alleged are true, to				