

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA  
 PROBATE ACTION

IN RE: GUARDIAN ADVOCACY OF \_\_\_\_\_ Case No. \_\_\_\_\_

**APPLICATION FOR APPOINTMENT AS GUARDIAN ADVOCATE**

Pursuant to Section 393.12 of the Florida Guardian Advocate Law, the undersigned submits this Application for Appointment as Guardian Advocate of \_\_\_\_\_, (the person with a developmental disability) and submits the following 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 or  No
6. Employer's Name and Address: \_\_\_\_\_  
 Applicant's Position: \_\_\_\_\_
7. Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_
8. If currently serving as guardian/guardian advocate for any other ward, list names of each ward, court file number(s), circuit court(s) in which case(s) is/are pending and whether applicant is acting as the limited or plenary guardian or guardian advocate of the person or property or both:

Ward	Case Number	Circuit Court	Pending	
			<input type="checkbox"/> Pending	<input type="checkbox"/> Limited Guardian
			<input type="checkbox"/> Closed	<input type="checkbox"/> Plenary Guardian
			<input type="checkbox"/> Pending	<input type="checkbox"/> Limited Guardian
			<input type="checkbox"/> Closed	<input type="checkbox"/> Plenary Guardian
			<input type="checkbox"/> Pending	<input type="checkbox"/> Limited Guardian
			<input type="checkbox"/> Closed	<input type="checkbox"/> Plenary Guardian

9. Does applicant have any physical disabilities?  
 Yes or  No  
 If yes, please describe and state whether such disability may affect applicant's ability, in any degree, to serve as guardian advocate: \_\_\_\_\_

10. Has applicant ever been treated for the following:
- |                  |                          |     |    |                          |    |
|------------------|--------------------------|-----|----|--------------------------|----|
| Mental Condition | <input type="checkbox"/> | Yes | or | <input type="checkbox"/> | No |
| Alcohol          | <input type="checkbox"/> | Yes | or | <input type="checkbox"/> | No |
| Drugs            | <input type="checkbox"/> | Yes | or | <input type="checkbox"/> | No |
| Other            | <input type="checkbox"/> | Yes | or | <input type="checkbox"/> | No |

Nature of condition and summary of treatment: \_\_\_\_\_

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

Yes or  No

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 Sections 415.104 and 415.1075, Florida Statutes?

Yes or  No

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

Yes or  No

If yes, please give date and complete details:

<b>Date</b>	<b>Details</b>
_____	_____
_____	_____
_____	_____

14. Has applicant ever been charged with, arrested for or convicted of a felony?

Yes or  No

If yes, please furnish details including date, type of offense, location and final disposition:

<b>Date</b>	<b>Type of Offense</b>	<b>Location</b>	<b>Final Disposition</b>
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15. Has applicant ever been charged with, arrested for or convicted of any other crimes?

Yes or  No

If yes, please furnish details including date, type of offense, location and final disposition:

<b>Date</b>	<b>Type of Offense</b>	<b>Location</b>	<b>Final Disposition</b>
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16. Has applicant ever held a position which required bonding?  Yes or  No

If yes, please describe position, date, amount of bond and name of surety:

<b>Position</b>	<b>Date</b>	<b>Bond Amount</b>	<b>Name of Surety</b>
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17. Has applicant, in the past, ever served as guardian/guardian advocate of a person or of a person's property?

Yes or  No

If yes, please describe below, including reason for termination of fiduciary position:

\_\_\_\_\_

18. Has applicant ever been held in contempt of court or removed as a guardian/guardian advocate?

Yes or  No

If yes, please describe: \_\_\_\_\_

19. Has applicant ever filed for bankruptcy?

Yes or  No

If yes, please state date and location of court: \_\_\_\_\_

20. What is applicant's relationship with the person with a developmental disability? \_\_\_\_\_

21. Is applicant, or applicant's business, corporation, or other business entity a creditor of, or providing professional, personal or business services to the person with a developmental disability?

Yes or  No

If yes, please furnish details: \_\_\_\_\_

22. Is applicant employed by a business, corporation, or other business entity which is providing professional, personal or business service to the person with a developmental disability?

Yes or  No

If yes, please furnish details: \_\_\_\_\_

23. Is applicant a health care provider for the person with a developmental disability?

Yes or  No

24. Educational history of applicant:

<b>Education Level</b>	<b>Name &amp; Address</b>	<b>Degree</b>	<b>Date</b>
High School			
College			
Other			

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

<b>Name and Address</b>	<b>Date from - to</b>	<b>Reason for Leaving</b>
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26. Has applicant ever been discharged from employment by any employer listed above?

Yes or  No

If yes, please explain: \_\_\_\_\_

27. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian advocate?

Yes or  No

If yes, please describe: \_\_\_\_\_

28. Has applicant received instruction and training which covered the legal duties and responsibilities of guardian/guardian advocate, the rights of an incapacitated person or Ward, the availability of local resources to aid a Ward, and the preparation of habitual plans and annual guardian advocate reports, including financial accounting for the ward's property?

Yes or  No

If so, indicate when and where training was received: \_\_\_\_\_

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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email