

ADULT GUARDIANSHIP

QUESTIONNAIRE

A. INFORMATION ABOUT THE ALLEGED INCAPACITATED PERSON:

1. Full name _____
2. Social Security Number _____
3. Date of birth _____
4. Address _____

5. Mailing Address (if different from above) _____

6. Primary Spoken Language _____
7. Does the Alleged Incapacitated Person have the following:
(if answered "yes" please provide a copy)

	YES	NO
Health Care Surrogate		
Living Will		
Durable Power of Attorney		
Pre-Paid Funeral Arrangement		
Last Will and Testament		
Trust		

8. Description of Alleged Incapacity and Reason for Alleged Incapacity _____

9. Number of Items of Property owned by the alleged ward _____
10. House (address and how titled) _____

Other Real Property (address and how titled) _____

Bank Account	Bank Address	How it's titled	Current Amount

Car (make, model, year and mileage) _____

Nature and Value of any other property _____

B. INFORMATION ABOUT PROPOSED GUARDIAN:

- 1. Name _____
- 2. Age _____
- 3. Date of Birth _____
- 4. Place of Birth _____
- 5. Social Security Number _____
- 6. Marital Status and Name of Spouse, if any _____
- 7. Length of Residence in County in Which Application is to be Filed _____
- 8. Home Telephone Number _____

9. Cellphone Number _____
10. Address _____

11. Mailing Address (if different from above): _____

12. U.S. Citizen: YES or NO
13. Employer's Name _____
14. Employer's Address _____

15. Applicant's Position _____
16. If currently serving as guardian for any other ward, list 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 or plenary guardian of the person or property or both:

<u>NAME OF WARD</u>	<u>COUNTY AND CASE NO.</u>	<u>TYPE OF GUARDIANSHIP</u>

17. Does applicant have any physical disabilities? YES or NO
If yes, please explain _____

18 Will any physical disability listed above affect ability to serve as guardian? _____

19. Has applicant ever been treated for the following:

a. Mental Condition _____

b. Alcohol _____

c. Drugs _____

d. Other _____

Nature of Condition _____

If "yes" was answered to any of the above, please state location of treatment, date and name of physician or professional involved:

Location of Treatment	Date of Treatment	Physician/Professional
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20. Has applicant ever been judicially determined to have committed abuse or neglect against a child as defined by the Florida Statutes? YES or NO

If "yes" was circled please give date and complete details _____

21. 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 of the Florida Statutes? YES or NO

If "yes" was circled, please give date and complete details _____

22. Has applicant ever been charged with fraud, misrepresentation or perjury in a judicial or administrative proceeding? YES or NO

If "yes" was circled, please give date and complete details _____

23. Has applicant ever been charged with, arrested for or convicted of a felony?
(*Even if it has been expunged, please list*) YES or NO

If "yes" was circled, please give date and complete details _____

24. Has applicant ever been charged with, arrested for or convicted of any other crimes?
YES or NO

If "yes" was circled, please give date and complete details _____

25. Has applicant ever held a position which required bonding? YES or NO

If "yes" was circled, please describe and include reason for termination of fiduciary position _____

26. Has applicant, in the past, ever served as guardian of a person or of a person's property? YES or NO

If "yes" was circled please describe and include reason for termination of fiduciary position _____

27. Has applicant ever been held in contempt of court or removed as guardian? YES or NO

If "yes" was circled, please describe _____

28. Has applicant ever filed for bankruptcy? YES or NO

If "yes" was circled please state date and location of court _____

29. What is applicant's relationship to the alleged incapacitated person? _____

30. Is applicant, or applicant's business, corporation or other business entity a creditor of or providing professional, personal or business services to the incapacitated person?
YES or NO

If "yes" was circled, please furnish details _____

31. Is applicant employed by a business, corporation or other business entity which is providing professional, personal or business services to the incapacitated person?
YES or NO

If "yes" was circled please furnish details _____

32. Is applicant a health care provider for the alleged incapacitated person? YES or NO

33. Educational history of applicant:

Name and Address

Degree

Date

High School _____

College _____

Other _____

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

Name and Address

Date

Reason for Leaving

35. Has applicant ever been discharged from employment? YES or NO

If "yes" was circled please furnish details _____

36. Does applicant possess any special educational qualifications (financial, business or otherwise) that uniquely qualifies applicant to be appointed as guardian? YES or NO

If "yes" was circled please describe _____

37. 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? YES or NO

If "yes" was circled indicate when and where training was received _____

38. Has applicant ever been a member of the armed forces of the U.S.? YES or NO

If "yes" was circled, what branch, dates and military serial number _____

39. 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:

	<u>Name and Address</u>	<u>Telephone Number</u>
1.	_____	_____

2.	_____	_____

3. _____

C. Names and addresses of all persons known to petitioner who have actual knowledge of such facts regarding the alleged incapacitated person's condition (Personal knowledge gained through personal observation of the individual.):

D. Names, Addresses and Relationships of all known next of kin of the alleged incapacitated person (give dates of birth of any who are minors):

E. Name, Address and Phone number of attending or family physician:

F. Which rights do you feel the alleged incapacitated person is incapable of exercising (Please mark with an "X"):

to marry

to vote

to contract

to travel

to sue and defend lawsuits

to have a driver's license

to determine his or her residency

to seek or retain employment

to consent to medical treatment

to personally apply for government benefits

to manage property or to make any gift or disposition of property

to make decisions about his or her social environment or other social aspects of his or her life

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 _____

Signature